

**A MODEL TOOL
FOR
U.S. ATTORNEY'S
DEVELOPMENT OF
A DISTRICT STRATEGY
TO
CREATE A
SANCTIONS BASED
DEMAND REDUCTION
PROGRAM**



MODEL TOOL FOR U.S. ATTORNEY'S TO CREATE A SANCTIONS BASED DEMAND REDUCTION PROGRAM

1. Know the illegal drug issues in your District. Do a brief survey to determine the drug abuse **issues** that pose the greatest threat.
2. Inventory existing demand reduction programs and resources that exist in the District including private, public, criminal justice, school, business and community programs.
3. Identify Federal, State and other available and relevant statutes.
4. Coordinate and enhance effective cooperation with state and local prosecutors and law enforcement agencies.
5. Identify and implement the specific sanctions based demand reduction strategies which will be the most effective for the District.
6. Coordinate with the DEA demand reduction component on a national level. Work to coordinate grants with District policy.
7. Create a public awareness/public support program through the 'MADD Model'
8. Monitor success.



Introduction

President Bush announced his goals for drug use reduction, stating, “I want **to** see **a** 10percent reduction in teenage and adult drug use over the next two years, and **a** 25 percent reduction in drug use, nationally, over the next five years. Those are our goals.” Implementation of an effective sanctions based demand reduction program **can** serve **as** an important component of the effort to meet these **goals**. While the contents of **an** effective program may vary greatly from district to district, the process for developing the program requires the consideration of similar factors in every district. This guide is intended to provide information and suggestions which will assist each United States Attorney’s Office in developing the sanctions based demand reduction program which will be most effective, taking into account the unique characteristics of the district.

Nature/Extent of the Drug Problem

The first step for developing **an** effective program is to identify the nature and extent of illegal drug problems in the district, including the types of illegal drugs which are being abused and the location and other demographic characteristics of illegal drug users. Most of you are already familiar with what drugs are being used in your district. Consideration of this information will enable the United States Attorney’s Office to define **appropriate** priorities for the program. Materials **at** Tab 1 of this guide may be of assistance in **this** process.

Inventory existing Demand Reduction Resources/Programs

Once **the** nature of the illegal drug problem has been determined, *the* United States Attorney’s Office should survey the existing resources available in the

district to assist in the demand reduction effort. These resources will include traditional law enforcement and prosecution agencies at the federal, state and local level, **as** well as public and private organizations whose primary mission is related to illegal drug use. In addition, community organizations, schools, employers **and other** private organizations located in the district may be able to provide significant assistance in **support** of the effort to reduce demand for illegal drugs. Materials at Tab 2 of this guide provide suggestions related to this process.

State, Local, and Federal Statutes and Sanctions

Obviously, **a** key component of developing a sanctions based demand reduction strategy is identification of the legal sanctions which are available **in** the district. Available sanctions include those provided by federal statute, those provided by state and local law, and those created by policies of entities such as schools and employers. **A** description **of** the relevant federal statutes is attached **at** Tab 3. Other available sanctions will vary from district to district, and should be identified at this stage in **the** development of the program.

Cooperation and Communication within the District

The successful implementation of **a** sanctions based demand reduction strategy will depend in **large part** **on** effective communication and cooperation between federal authorities, **and** state and local prosecutors and law enforcement agencies. **As part** of the development of the program, the United States Attorney's Office should assess the effectiveness of cooperative efforts between federal, state and local authorities in the district, and create **task** forces or other cooperative

groups where appropriate. See Tab 4 for examples of cooperative efforts.

Sanction Based Programs and Strategies

When **all** of the factors described above have been analyzed, the United States Attorney's Office should be able to identify and implement **the** specific sanctions based demand reduction strategies which will be most effective in the district. **At** this stage, a determination should be made as to which cases should be pursued federally, and which should be referred to state and local authorities. Information related to specific strategies that have been successfully utilized in various locations are included in this guide at Tab 5.

National Coordination

When the specific strategies to be included in the district's program have been identified, the United States Attorney's Office should coordinate with the Drug Enforcement Administration to coordinate "Drug Sweeps" in the affected communities - these drug sweeps require partnering with the local law enforcement agencies and should take place in a number of locations targeting both the drug user and the trafficked provider. See Tab 6

Public Awareness and Community Outreach

In order to assure the success of the **program**, it is important that public support be maximized. Contact the Attorney General's Office and the Drug Enforcement Administration's DRC (Demand Reduction Section) to coordinate a national press announcement plan. The press **plan** includes announcements of state and federal criminal charges stemming from the drug sweeps and also provides a

human interest element utilizing persons that have been affected by the drug at issue. Furthermore, **extensive** community outreach efforts, especially in targeted locations, will be vital.

Based **upon** the program that will be most effect in supporting sanction **based** demand reduction in the District, replicate the MADD Model. See Tab 7 for the strategy/strategies to be employed.

Review and Evaluate

Once the program has been **implemented**, it should be periodically reviewed to determine whether it is operating effectively. Necessary adjustments should be made in order to respond to changing conditions and assure continuing success.

TAB I

The first step for developing an effective **program** is to identify the nature **and** extent of illegal drug problems in the district, including the types of illegal drugs which are being abused and the location **and** other demographic characteristics **of** illegal drug users. Consideration **of** the information will enable the United States Attorney to define appropriate priorities for the program.

Below are **list** of web **sites** and other resources that may help in gathering pertinent drug **data** for your District:

International Drug Strategy Institute
www.estreet.com/orgs/dsi

National **Center** on Addiction and Substance Abuse **at** Columbia University (**CASA**)
www.casacolumbia.org

Office of National Drug Control Policy
odpolicy.org

Go to *the Drug Policy Information Clearinghouse* and *choose your state from the map for state specific "Profile of Drug Indicators"*. **State of Nebraska** profile is included as an **example**.

FBI - Crime in the United States 2000
www.fbi.gov/ucr/00cius.htm

ADAM 2000 Findings
www.ncirs.org/pdf/files/nij/189101.pdf

Drug **Abuse** Warning Network Annual Medical Examiner **Data**
www.samhsa.gov

To access further data go to any search engine on the internet (Google, **Yahoo**, **Opera**) and type in:

Drug Prevention + (your state)
(**example**, Drug Prevention + Nebraska)

Or

Community groups + drugs + (your state)

Or

Drug use information + (your state)

It takes **some** time to **find** exactly what you **want**, but there **is** valuable information available.

Drug Policy Information Clearinghouse

Profile of Drug Indicators

[illegible]

ONDCP Drug Policy Information Clearinghouse staff compiled this profile by using the most recent data available from open sources. The data presented are as accurate as the sources from which they were drawn. The information contained in this profile should not be used to rank or compare States or jurisdictions, due to differences in data collection and reporting methods.

Nebraska

The following profile contains information on demographics, political figures, programs, crime, drug use, drug trafficking, and enforcement statistics.

Demographics¹

- **Population:** 1,711,263 (2000 Census); 1,578,385 (1990 Census)
- Race/Ethnicity: 89.6% white; 4.0% black/African American; 0.9% American Indian/Alaska Native; 1.3% Asian; 1.4% two or more races; 2.8% other; 5.5% Hispanic

Politics²

- Governor: Mike Johanns
- Lt. Governor: Dave Heineman
- Attorney General: Don Stenberg
- Secretary of State: John Gale
- U.S. Senate: Chuck Hagel (R), Ben Nelson (D)
- U.S. Representatives: Doug Bereuter, Lee Terry, Tom Osborne

Programs/Initiatives

- High Intensity Drug Trafficking Area (HIDTA)³
Designated in 1996, the Midwest HIDTA addresses the problems of methamphetamine use, production, and trafficking in a six-state region consisting of counties in Iowa, Kansas, Missouri, Nebraska, North Dakota and South Dakota. In Nebraska, this HIDTA is responsible for the following counties: Dakota, Dawson, Douglas, Hall, Lancaster, Sarpy, Madison, Dodge, Gage, Jefferson, Platte, and Scott's Bluff.
- FY 2001 Drug-Free Communities Support Program grantee awarded funding by ONDCP in conjunction with Office of Juvenile Justice and Delinquency Prevention (OJJDP):⁴
 - \$83,965 to the Nebraska Community Foundation/People United for Families, Nebraska City

➤ Executive Office of Weed and Seed (EOWS)⁵

The Omaha Weed and Seed site **is** the only site located **in** Nebraska. Officially recognized **as** a Weed and Seed site in 1991, this site works to enforce the **zero** tolerance fight against drugs, **gangs**, and criminal activity in the area. Some projects that have been funded **by** the Omaha Weed and Seed program include the following:

- **Kids Computer Club** – a Safe Haven program
- Omaha **Police** Department Overtime Fund – used to address hot spots within the **target** area
- school resource officers
- truancy prevention pilot programs

Crime and Drug-Related Crime

- In Nebraska **during** 2000, there **were** 19,800 arrests for drug abuse violations. Of those arrested, approximately 2,700 were under the **age** of 18.⁶

Number of Arrests. Nebraska, 2000

Offense	Under 18	Total
Forcible Rape	22	152
Robbery	81	311
Aggravated Assault	118	937
Burglary	419	1,135
Larceny/Theft	3,979	9,620
Motor Vehicle Theft	208	460
Arson	119	145
Drug Abuse Violations	2,687	19,800
Driving Under the Influence	398	11,550
Liquor Laws	2,510	11,244

- Preliminary data **for** 2000 **indicate** that **60%** of adult male arrestees **in** Omaha tested positive **for** drugs at **the time** of their arrest. Of the adult **male** arrestees in Omaha who were tested for **drugs**: 17% tested positive for cocaine; **9%** tested positive for methamphetamine; 1% tested **positive for** opiates; and **46%** tested positive **for** marijuana.⁷
- In Omaha during 1999, 61.5% **of** the 449 male **arrestees** sampled **and** 62.2% of the **90** female arrestees sampled tested positive **for drug** use at the **time of** their arrest.⁸
- 94.7% **of** the **females** arrested **for drug** offenses tested **positive for drug use at** the time of their arrest.⁹

Percent Positive for Drugs, by Drug and Offense Type, Omaha, 1999

Type of Offense	Cocaine		Marijuana		Meth.		Any Drug	
	M	F	M	F	M	F	M	F
Violent	20.8	13.3	50.9	46.7	6.9	0.0	57.9	60.0
Property	27.7	40.9	49.2	40.9	6.2	9.1	63.1	68.2
Drug	38.2	57.9	61.8	52.6	18.2	31.6	78.2	94.7
Sales	42.9	--	85.7	--	28.6	--	85.7	--
Possession	39.2	57.9	60.8	52.6	17.6	31.6	78.4	94.7
other	18.6	28.6	53.0	23.8	7.7	7.1	62.3	50.0

Drugs¹⁰

- Local methamphetamine production throughout the Midwest **HIDTA region is** considered **an** important public safety and health hazard **to** citizens.
- The problems of methamphetamine have exploded in **this** area in the past several years and violent crime has similarly increased at alarming rates.
- This region's location **makes it** a fertile environment **for** the production **and** distribution of methamphetamine.

Juveniles¹¹

- P** Among Nebraska **high school students surveyed** in 1999, 31.2% **reported** using marijuana at some **point in** their lives.

Percent of High School Students Reporting Drug Use, Nebraska, 1999

	Females	Males	Total
Lifetime Marijuana Use	28.0	34.6	31.2
Current Marijuana Use	12.5	18.9	15.6
Lifetime Cocaine Use	6.0	7.8	6.8
Current Cocaine Use	2.2	2.5	2.3

Current Inhalant Use	2.7	4.4	3.5
Lifetime Heroin Use	1.3	2.5	1.9
Lifetime Methamphetamine Use	7.4	8.3	7.8
Lifetime Illegal Steroid Use	1.8	3.5	2.6
Lifetime Injecting Illegal Drug Use	1.1	2.6	1.8
Tried Marijuana Before Age 13	3.4	6.8	5.0

Enforcement

- **As of October 31, 2000**, there were 4,531 **full-time** law enforcement employees in Nebraska. The number of **officers** was 3,251 **and** the **number of civilian** employees was 1,280.¹²
- Midwest **HIDTA** Initiatives in Nebraska:¹³

- Tri-State, **Souix** City Task Force: a co-located, multi-agency task force with members from Nebraska, Iowa, and S. Dakota law enforcement agencies who collaborate to target **the** importation, manufacture, **and** distribution **of** methamphetamine within the region.
 - The following **task** forces enhance **and** provide direct support to the anti-methamphetamine efforts within their respective areas:
 - Metropolitan **Task** Force, Omaha
 - Tri-City **Task** Force, Grand Island area
 - Lincoln-Lancaster **Task** Force, Lincoln
 - WING **Drug** and Violent **Crime Task** Force, Nebraska Panhandle area
- Metro **Drug Task** Force¹⁴
 The **purpose** of **this task** force is to stop illegal drugs and contraband **from** entering and leaving **Nebraska**. This **task** force has made numerous **arrests** and seizures throughout Nebraska. In addition to the Nebraska arrests, the Metro **Drug Task** Force has also **aided** in arrests outside **of** the State **as** a result of coordination **between this task** force and other State and Federal law enforcement agencies around the country,

Trafficking and Seizures

- The El Paso Intelligence Center (**EPIC**) received reports that 12 methamphetamine labs were seized **by** the **DEA and** State/local authorities in Nebraska from January through July 2001. **For** all of 2000, a total of 16 methamphetamine lab seizures **in** Nebraska were reported to **EPIC**.¹⁵
- **In** 2000, a total of **656** cultivated marijuana plants were seized in **Nebraska** under the **DEA's** Domestic Cannabis Eradication/Suppression Program.¹⁶

Number of Marijuana Plants Seized and Eradicated, Nebraska, 2000

Type of Plant	Number Seized
Outdoor Operations	
Plots eradicated	7
Cultivated plants eradicated	96
Ditchweed Eradicated"	18,377,759
Indoor Operations	
Grows seized	18
Cultivated plants eradicated	560
Total Cultivated Plants Eradicated	656
Bulk Processed Marijuana Seized	2,528

*Ditchweed is a type of marijuana that grows wild

- **During** 2000, investigations initiated by Nebraska State Patrol **Troopers** resulted in **the following** seizures (in approximate amounts):⁷
- **6,000 pounds** of marijuana
 - 250 pounds of cocaine
 - 54 **pounds** of methamphetamine
 - numerous cash seizures

Consequences of Use**

- In 1999, there were 42 drug abuse deaths reported by Medical Examiners (ME) in Omaha.
- At this time, there were 111 total drug mentions involved in these deaths, and marijuanahashish was mentioned in 16 of these deaths.

Selected Drugs Mentioned in Drug Abuse Deaths, Omaha, 1997-1999

Drug Type	1997	1998	1999
Cocaine	9	14	4
Heroin/Morphine	3	4	2
Marijuana/Hashish	18	12	16
Methadone	2	1	1
Methamphetamine/Speed	7	5	3

courts

- Drug Courts¹⁹
 - Data from August 2001 show that Nebraska currently has one drug court that has been operating for over two years. This drug court is located in Omaha.
 - There were also five drug courts that had recently been implemented in Nebraska.
 - As of August 2001, there were also 3 drug courts being planned.
- During FY 2000, approximately 66% of the Federally-sentenced offenders in Nebraska had committed a drug offense. 204 (63.2%) of these drug offenses involved methamphetamine.²⁰

Number of Federally-Sentenced Drug Offenders, Nebraska, FY 2000

Drug Type Involved	Number	% of drug offenses
Methamphetamine	204	63.2%
Crack cocaine	51	15.8
Powder cocaine	32	9.9
Marijuana	23	7.1
Other	7	2.2
Heroin	6	1.9

Corrections

- As of December 11, 2001, there were 3,897 inmates within Nebraska Department of Correctional Services (DCS) facilities. One year earlier, there were 3,776 inmates.*¹
- During FY 2001, Nebraska inmates spent an average of 26.9 months in prison.²²
- Approximately 27% (26.8%) of those admitted to prison in FY 2001 had committed a drug offense. This was the largest category among prison admissions during that year.²³
- During 2001, approximately 5.4% of the inmates who were randomly tested for drugs tested positive. The 2000 average was 7% and the 1999 average was 4.3%.²⁴
- Substance abuse treatment programs available through DCS.²⁵

- Residential Treatment Services: These programs focus on a 12-Step based substance abuse education, recovery, and relapse prevention treatment program in conjunction with an additional **emphasis** on criminal attitudes and behaviors.
 - Substance Abuse Treatment Outpatient Programs (SATOP): These programs address the needs **of** inmates during the course of their sentences who, due to the nature of their sentences, or due to **the** nature of their problems, are **not** eligible **for** treatment services in the residential treatment programs.
 - Community Re-Integration: **This** program helps inmates returning to society **by** providing common treatment language and the tools that will **help** them succeed.
- **There** were 560 adults on parole in Nebraska on December 18, 2001. Nebraska parolees will **spend an** average of **10.1** months on parole.²⁶
- During 2001, nearly 11% (10.65%) **of parolees** who were randomly tested for drugs tested positive. In 2000, over **12%** tested positive for **drugs**.²⁷
- On December **31**, 2000, the Nebraska adult probation population was 21,483. This was a 5% increase over the January 1, 2000 probation **population**.²⁸

Treatment

- Substance Abuse Treatment Task Force²⁹
- In 1999, the Nebraska Legislature passed legislation requiring the Governor to create this **task** force to examine the adult and juvenile offenders' need for and access to substance abuse treatment. The initial task force **report** from January 2000 found that:
- 2540% **of** adult **arrestees** and 65-85% **of** incarcerated adult offenders needed substance abuse treatment, compared to 7% of the general Nebraska adult population
 - **30-40%** of juvenile **arrestees** and **680 %** of juvenile offenders in youth rehabilitation and treatment programs at Geneva and Kearney facilities needed substance abuse treatment, compared to 5% of the general juvenile population, Since the January 2000 **report**, substantial progress has been **made** on approximately 64% of the recommendations made by the **task** force in their **report**.
- Treatment admission data for Nebraska treatment facilities has been projected **for** 1999 using half-year reports. The projected estimate for the number **of** admissions in which marijuana is the primary substance of abuse **is** 574 **for** 1999.³⁰

Number of Admissions to Treatment, by Primary Drug of Abuse, Nebraska, 1997-99

Primary Drug Used	1997	1998	1999
Alcohol	9223	6244	4320
Heroin	40	15	22
Cocaine	529	791	412
Marijuana	987	864	574
Methamphetamine	561	694	378

- ¹ U.S. Census Bureau Web site: <http://www.census.gov>
- ² State of Nebraska Web site: <http://www.state.ne.us/>
- ³ Office of National Drug Control Policy, Midwest HIDTA Web site:
<http://www.whitehousedrugpolicy.gov/enforce/hidta/midw-main.html>
- ⁴ Drug-Free Communities Web site: <http://ojidp.ncjrs.org/dfcs/index.html>
- ⁵ Executive Office for Weed and Seed Web site: <http://www.ojp.usdoj.gov/eows/neighborhoods.htm>
- ⁶ Federal Bureau of Investigation, *Crime in the United States 2000*, October 2001:
<http://www.fbi.gov/ucr/00cius.htm>
- ⁷ National Institute of Justice, ADAM *Preliminary 2000 Findings on Drug Use & Drug Markets: Adult Mule Arrests*, December 2001: <http://www.ncjrs.org/pdffiles1/nij/189101.pdf>
- ⁸ National Institute of Justice, *1999 Annual Report on Drug Use Among Adult and Juvenile Arrestees*, July 2000: <http://www.ncjrs.org/pdffiles1/nij/99adltfind.pdf>
- ⁹ Ibid.
- ¹⁰ Office of National Drug Control Policy, Midwest HIDTA Web site:
<http://www.whitehousedrugpolicy.gov/enforce/hidta/midw-main.html>
- ¹¹ Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance Survey – United States, 1999*, June 2000: [ftp://ftp.cdc.gov/pub/Publications/mmwr/ss/ss4905.pdf](http://ftp.cdc.gov/pub/Publications/mmwr/ss/ss4905.pdf)
- ¹² Federal Bureau of Investigation, *Crime in the United States 2000*, October 2001:
<http://www.fbi.gov/ucr/00cius.htm>
- ¹³ Office of National Drug Control Policy, Midwest HIDTA Web site:
<http://www.whitehousedrugpolicy.gov/enforce/hidta/midw-main.html>
- ¹⁴ Nebraska State Patrol Web site: <http://www.nsp.state.ne.us/>
- ¹⁵ El Paso Intelligence Center, National Clandestine Laboratory Seizure System, DEA and State/local methamphetamine lab seizures
- ¹⁶ Bureau of Justice Statistics, *Sourcebook of Criminal Justice Statistics, 2000, 2001*:
<http://www.albanv.edu/sourcebook/>
- ¹⁷ Nebraska State Patrol Web site: <http://www.nsp.state.ne.us/>
- ¹⁸ Substance Abuse and Mental Health Services Administration, *Drug Abuse Warning Network Annual Medical Examiner Data 1999*, December 2000: http://www.samhsa.gov/oas/DAWN/99me_annual.pdf
- ¹⁹ Office of Justice Programs Drug Court Clearinghouse and Technical Assistance Project, *Summary of Drug Court Activity by State and County*, August 8, 2001:
<http://www.american.edu/spa/justice/publications/drcchart2k.pdf>
- ²⁰ United States Sentencing Commission, FY 2000 Federal Sentencing Statistics, Nebraska section:
<http://www.ussc.gov/JUDPACK/2000/ne00.pdf>
- ²¹ Nebraska Department of Correctional Services, Corrections Statistics:
<http://www.corrections.state.ne.us/statistics/inmate.html>
- ²² Ibid.
- ²³ Ibid.
- ²⁴ Ibid.
- ²⁵ Nebraska Department of Correctional Services, Substance Abuse Treatment Services Web site:
http://www.corrections.state.ne.us/inmate_programs/substance_abuse.html
- ²⁶ Nebraska Department of Correctional Services, Parole Statistics;
<http://www.corrections.state.ne.us/statistics/parole.html>
- ²⁷ Ibid.
- ²⁸ Bureau of Justice Statistics, *Probation and Parole in the United States, 2000*, August 2001:
<http://www.ojp.usdoj.gov/bjs/pub/pdf/ppus00.pdf>
- ²⁹ Nebraska Commission on Law Enforcement and Criminal Justice, *Substance Abuse Treatment Task Force Final Report*, September 2001: <http://www.nol.org/home/crimecom/PDF%20Files/SATTF.pdf>
- ³⁰ Substance Abuse and Mental Health Services Administration, *Treatment Episode Data Set (TEDS), 1994-1999*, October 2001: <http://www.samhsa.gov/oas/teds/99TEDS/99Teds.pdf>

This State Profile was prepared by the ONDCP Drug Policy Information Clearinghouse. The Clearinghouse is funded by the White House Office of National Drug Control Policy and is a component of the National Criminal Justice Reference Service. For further information concerning the contents of this profile or other drug policy issues, contact:

The Drug Policy Information Clearinghouse
PO Box 6000
Rockville, MD 20849-6000
1-800-666-3332
<http://www.whitehousedrugpolicy.gov/>
ondcp@ncjrs.org



TAB 2

The United States Attorney's Office should survey the existing resources available in the district to assist in the demand reduction effort- **These** resources **will** include traditional law enforcement and prosecution agencies at the federal, state and **local level, as** well as public and private organizations whose primary mission is **related to illegal** drug use. In addition, community organizations, schools, employers **and** various private **organizations** located in the district may be **able** to provide **significant** assistance in **support** of the effort to reduce demand for illegal drugs.

Included in this section are **examples** of existing Drug Demand Reduction programs that **may** exist in your District, or can easily be implemented:

- (2a) Workplace Drug Testing
The Richmond, Virginia "Drug-Free Work Zone" Program implementation guide
- (2b) The **Matrix** Model Treatment Modality
*A long term treatment and behavior modification modality for meth and cocaine addiction. This program can be used in its entirety or pieced **together** to enhance existing programs at a minimal cost*
- (2c) **SICA** Support
***Every** state has a **SICA** (State Incentive Cooperative Agreement) whose **mission** is to **develop** and implement a **comprehensive** statewide substance abuse strategy. **The Nebraska SICA** grant and "Prevention Network ~~for~~ Methamphetamine Education and Awareness" is attached for review.*
- (2d) Drug Court
"Drug War Facts: Drug Courts and Treatment as an Alternative to Incarceration"
"Research on Drug Courts: A critical review 2001 Update"

Best Practices

**Together
we're making
it work**

**DRUG FREE
WORK ZONE**



**DRUG FREE
WORK ZONE**

- Together we're making it work

**Greater Richmond
Chamber of Commerce**

**Retail Merchants Association
of Greater Richmond**

Dear Greater Richmond Employer:

Congratulations **on** your decision to join the Drug Free Work **Zone** program. The **endorsed** materials **will** help you **build a personalized** program **to** meet the **needs of** your company and **to** become a Drug Free **Work Zone** (DFWZ).

Because the **costs** are enormous – both in dollars and human resources – **businesses can no longer** tolerate alcohol and **other** Substance abuse in the workplace. **Statistics show that** one out of **six** employees has a substance abuse problem **that costs** employers **millions of** dollars each **year**. The **Greater Richmond Chamber of Commerce and the Retail Merchants Association of** Greater Richmond are taking **the** lead role **in** making Greater Richmond area **businesses** like yours **drug and substance abuse free**.

I know **you will find** the kit **useful as** your organization becomes a Drug Free **Work Zone**. It contains model **policies**, procedures, forms **and** training programs on **paper and on computer discs**. Be sure **to** send **a** copy of your drug **free workplace** policy and **procedures and** forms to your attorney **for** review as it relates to your company.

Please contact us at **(804) 788-5514** or the **Chamber or Retail Merchants** when you have questions or wish **additional assistance**. **We** look forward **to** working with you.

Sincerely,

J. Robert Mooney
Chair DFWZ Sponsor Committee

Table of Contents

1	<i>Executive Overview</i>
2	<i>Facts & Figures</i>
3	<i>Honor Roll</i>
4	<i>Training</i>
5	<i>Sample Policy</i>
6	<i>Testing Protocol</i>
7	<i>Employee Assistance Programs</i>
8	<i>DOT Regulations</i>
9	<i>Implementation</i>
10	<i>Other Forms</i>

Table of Contents

- I. Executive Overview
 - A. **Purpose**, Statistics, founding Sponsors and Participants
 - B. "Drug-Free Work Zone Program **Helps** Turn **Lives**, Businesses **Around**"
 - C. **Steps** to Becoming a Drug Free Work Zone
- II. **Facts and Figures**
 - A. Key Statistics Concerning Substance **Abuse**
 - B. Bottom Line Facts: Organizational **Costs of** Substance **Abuse**
 - C. **Best** Practices: Elements **of a** Successful Drug Free Work Zone **Program**
 - D. What is the Cost of Substance **Abuse** to **Your** Organization's Bottom Line?
 - E. Data Collection Form: Pre-Implementation
 - F. Data Collection Form: Post-Implementation
- III. Honor Roll
 - A. DFWZ Honor Roll Application Form
 - B. DFWZ Honor Roll Criteria
- IV. Implementation
 - A. Confidential Response Sheet **for** Planning Implementation
 - B. DFWZ Implementation Check List
 - C. Proposed Letter **to** Employees
 - D. Explanation of Implementation Process—Possible **Attachment to** Employee Letter
 - E. Posting: D W Z Notice to Employees and **Applicants**
 - F. DFWZ Applicant Acknowledgement
- V. Training
 - A. Training Objectives
 - B. Instructional Training Plan
- VI. Sample Policy
 - A. Sample Policy Format
 - B. Sample Policy **for** Implementation **Format**
 - C. Sample Attachment A – Drug/Alcohol **Testing** Request Form
 - D. Sample Attachment **B** – Return to Work Agreement
- VII. Testing Protocol
 - A. Trident National's DFWZ **Testing** Services
- VIII. Employee **Assistance Programs**
 - A. **Overview** provided by Pinnacle Employee Assistance **Program**
- IX. Department of **Transportation Regulations**
 - A. General Summary of **CDL** Testing Requirements
- X. Other Forms
 - A. Confidential Testing **Request** Form **Letter** General (Non-CDL)
 - B. Confidential Testing **Request** Form Letter for CDL
 - C. Consent for Release of Confidential information

1



Drug Free Work Zone

Purpose:

The Drug Free Work Zone (DFWZ) project is a program **sponsored** by the Greater Richmond **Chamber** of Commerce and the Retail Merchants Association of Greater Richmond to encourage **companies throughout Greater Richmond to implement** drug testing in their **organizations**. Targeted primarily at **smaller companies**, the DFWZ **provides** companies with model policies and procedures to implement **drug** testing programs and access to Employee Assistance Programs and certified testing laboratories at **reduced rates**.

The DFWZ advocates substance abuse education and awareness, employee assistance, deterrence, testing, treatment, and return to work. **Small businesses are** targeted because 87% of major U.S. firms **now** conduct drug testing on **new** hires while 80% of the workforce is employed by **small** businesses where **drug** testing policies and programs are not in place. It is hoped that with more organizations adopting DFWZ, substance abuse will be driven away from Greater Richmond.

Pertinent Statistics:

- 73% of **illegal** drug users and 90% of **alcoholics** work
- Drug-using employees are 3.6 times more likely to be **involved in an** accident on the job and 5 times more likely to file a workers' **compensation** claim
- Substance abusers are absent from work 10 to 16 times more often **than** non substance abusers
- 36% of **all** employee thefts were related to substance-abusing employees
- 78-80% of employees **who** received employer-initiated drug or alcohol treatment return as productive employees

Companies of Founding Sponsors and Participants:

*Reynolds **Metals Company***

Greater Richmond Chamber of Commerce

*Land America Financial **Group, Inc.***

Keiter, Slabaugh, Penny, Holme

*Challenge Discovery **Projects***

*Retail Merchants **Association** of Greater **Richmond***

*Southeastern **Institute for Research***

Envera LLC

Scott & Stringfellow, Inc.

Owens & Minor

*The **Carver Company***

Ethyl Corporation

United Way Sewices

Virginia Blood Services

Richmond Police Department

Lane & Associates, P.C.



Drug free Work Zone Program Helps Turn Lives, Businesses Around

J. Robert Mooney, Chief **Executive** Officer, **Envera LLC**, heads the **Drug Free Work Zone program**. The program, a **collaboration** between the **Retail Merchants Association of Greater Richmond** and the **Greater Richmond Metro Chamber of Commerce**, is **geared toward** small businesses. It's modeled on successful drug-free workplace programs already *in place* in many large companies,

"**There** are three **main** benefits of a Drug Free Work Zone," says Mooney. "First, it **sets** the **tone** that our **business** community embraces a safe, **drug-free** work environment, **for** out employees and customers. **Second**, the **drug awareness training** and employee assistance **components** of the program **enhance** the quality of **life** of our workforce **and** their families. Third, since over 70% of drug users are employed, a **drug-free** workplace will help **reduce** both **drug use** in our businesses and **drug-related** crime in our neighborhoods."

is there really a need *for* such a program for small businesses? Human resource management consultant Sandra Lee "**Sandy**" Kjerulf **is** quick to respond with an emphatic "Yes!"

The **Bureau of Labor** estimates that over 15% of the **average workforce** has a **substance abuse** problem. Medical **costs** for substance abusers are **300%** higher, says the **US. Department of Labor**. Substance abusers are **absent** from work as much as **16** times more often than non-abusers- **Substance abusers** have higher **on-the-job** accident and injury rates and lower productivity levels.

Truly, the problem of **substance abusers** cannot be ignored by small employers. But what **is** the solution?

Kjerulf and her colleague, **Susie Witter**, a human resource management consultant with **Lane & Associates, P.C.**, have developed a model for smaller businesses. Key elements of their Drug Free Work Zone program include:

- Employee **communications**
- **Education and awareness training** for managers and supervisors
- Model policies and **implementation guidelines** that can be tailored to the individual business and its culture
- **Assistance with contracting** with employee assistance services and drug testing organizations for cost effectiveness; and

- **Outcome measures.**

Mooney points out that the program's **values include education, awareness, deterrence, detection, treatment, recovery and return to work.**

Kjerulf and Witter are confident that word will rapidly spread about the program's effectiveness and value, especially since employers can often recoup the entire cost of the program through reductions in workers compensation, medical and vehicle insurance costs.

The end result, says Witter, justifies employers' expenditure of time and effort. Seventy to eighty percent of employees who undergo drug or alcohol treatment return to work as productive employees. Families remain intact. Careers are saved, Accident and absenteeism rates plunge.

No wonder Mooney, Kjerulf and Witter are confident that the metro business community will respond well to the Drug Free Work Zone program!

- end -



Steps To Becoming A Drug Free Work Zone

- Identify **and** authorize an employee responsible for making **your workplace a** Drug Free Work Zone (DFWZ)
- Review the contents of the DFWZ notebook and kit
- **Use** the DFWZ Implementation Checklist behind tab IV to plan the implementation of your program
- **Costs:** Use the DFWZ bottomline cost formula to estimate the **cost of substance abuse** in your work **place and** the Implementation Survey to estimate the cost of the program **in the first** year
- Complete the Data Collection Form: Pre-implementation and submit it to **the** Greater Richmond Chamber of Commerce **to** be entered into the DFWZ data base
- Create your own Drug Free Work Zone policy **and** procedure **using** the materials **in** the kit and send them to your attorney *for review*
- Choose level **of alcohol and drug testing for** employees: post accident, reasonable suspicion, and random (post offer/pre-employment testing is required for a drug-free work zone)
- Check your workers' compensation **insurance** carrier to determine program requirements for 5% premium **reduction**
- Contact the DFWZ Employee Assistance and Testing Services providers to arrange for these **supporting services, and** for **supervisory training and** employee **briefings** about the employee assistance program (EAP)
- **Educate** your employees **and train** supervisors **about** substance abuse in the workplace **and** about **your DFWZ** program policy **and** procedures **using** the materials in **this kit personalized for** your organization
- **Display** notices **and signage** in **your** employment advertisements **and other** prominent **places proclaiming your** organization **to be a Drug Free Work Zone**
- **Annually** update your **policy and** re-train your **supervisors**

2

Key Statistics Concerning Substance Abuse-

- Small businesses **make** up 60% of **all** businesses **reporting** current drug **use** and **45% of all businesses reporting** current **alcohol use** (<http://www.samhsa.gov/oas/workplace/workpl28.htm>).
- 73% of **all** adult drug-users **were** employed in 1997.
- **Drug** using employees are 22 times more **likely** to request time off, 25 **times** more likely to be absent for more than **a week**, **3 times more likely** to be tardy to work, 3.6 **times** more likely to be involved in **an** accident **on-the-job**, and 5 times more likely to **file** a workers' compensation claim.
- The **Ohio** Department of **Alcohol and** Drug Addiction services conducted a **follow-up** survey of 668 substance **abuse** treatment residents one **year** after **completing** treatment. The survey showed that absenteeism decreased by **89%**, tardiness by **92%**, and on-the-job injuries by **57%** (<http://www.dol.gov/dol/asp/public/programs/drugs/background.htm>).
- **Small** businesses are **particularly** vulnerable to employee **substance** abuse because abusers **will** seek smaller **firms** where the **likelihood of drug testing is slim**.
- **Both** the nondurable and **durable** goods manufacturing industries experience **significant internal substance abuse** rates of approximately **fifteen** percent.
- Almost 22% of construction workers indicated that they have used **illegal drugs within the past year**.
- **38%-50%** of **all workers' compensation claims** are related to substance **abuse** in the **workplace**.
- **Substance abusers** incur 300% higher medical costs **than** non-abusers,
- **Substance abusers** are one-third **less** productive.
- **Drug** using employees at **GM** average 40 sick days each year, **compared** with **4.5** for nonusers.
- The state of Wisconsin estimates that **expenses** and **losses** related to **substance abuse** **average 25% of the salary** of each worker affected.
- **Five years** after an addict receives treatment, **health-care** costs for **the** addict and **his** family are **less** than 80% of those of an **average worker**.
- **Substance Abuse: A Silent Threat**, **Business** First of Columbus, Inc. (March 22, 1993) substance abusers are:
 - 30 to 50 percent **less** productive
 - 300 to 400 percent **higher** medical claims
 - are responsible **for** 80% of the **losses** due to on the **job** theft
 - **absent an** average of three weeks **more** a year
- **A small firm with 60 employees** dropped workers' compensation claims **by** \$50,000.
- Manufacturer with 560 **employees** decreased industrial **accidents** 30-35% with **program**.
- **Drug Free Workplace Act of 1998**, Government Printing Office, (October 19, 1998) Congress' findings:
 - Small **businesses** are affected **since** they make **up** over **50% of the** nation's workforce
 - Absenteeism is 66% **higher** among substance abusers **than** those **who** are not
 - **Health benefit** utilization is 300% greater **among** substance abusers than those **who** are not
 - 47% of **workplace** accidents are drug related
 - **Employee turnover** is **significantly** higher among substance abusers

Bottom Line Facts: Organizational Costs of Substance Abuse

National surveys find:

- Substance **abusers** go to small employers since **91% of large employers have substance policies.**
-Lynn Martin, Secretary of Labor, the National Report of Substance Abuse
- **71% of illegal drug users and 90% of alcoholics work.**
-National Institute on Drug Abuse
- **15-17% of the average workforce has a substance abuse problem,**
-Bureau of Labor Statistics
- **65% of drug users** earn at least \$25,000 a year and have an average of 14 years of education.
-ADAMHA
- **2/3 thirds of the people entering the workforce today have used illegal drugs.**
-Occupational Health & Safety Drug Testing in the Workplace: Legal Responsibilities
- **5 times as many workers' compensation claims are filed by substance abusers,**
National Council on Compensation Insurance
- **Medical costs are 300% higher for substance abusers.**
- U.S. Department of Labor
- Substance **abusers** are absent from work **10-16** times more often.
-Occupational Safety and Health Administration and Bureau of Labor Statistics
- **70-80% of employees forced into drug or alcohol treatment return as productive employees.**
-Kleber, Columbia University, "The National Report on Substance Abuse"

The specific effect of substance abuse at work is seen in the results of a survey of drug users seeking help:

- **75% used drugs on the job**
- **64% admitted drugs hurt their job performance**
- **44% sold drugs to co-workers**
- **18% stole from their co-workers to support their habit.**
-National Cocaine Hotline

In fact, a survey of 102 companies showed that 36% of all employee thefts were related to substance abusing employees.

-HoffmanLa-Roche

Companies that combine testing with education and training report positive test ratios 33% lower than those of companies that rely solely on testing.

-Axel, "Corporate Experiences with Drug Testing Programs", Conference Board Inc



Best Practices Elements of a Successful Drug Free Work Zone Program

Purposes:

- Make the work environment safer for employees **and** clients **while** improving productivity and quality of product and **service**
- Prohibit employees **being** under the influence **of** **drugs** or **alcohol** in the **workplace**
- Prohibit **use, possession, or sale of** drugs or alcohol **in** *the* workplace
- Educate **employees about** substance **abuse**, treatment, and recovery

Procedures:

- Assure compliance with federal, state, **and** local **regulations** via **review** by **legal** counsel
- Offer **amnesty** period and train employees **and** supervisors to know **the** effects, signs, **and symptoms** of substance abuse, the program, **and** responsibilities prior to **effective date of** program
- Consider testing **at** several levels to deter **use and** to identify **and** refer **abusers** to treatment:
 - Post offer/pre-employment
 - Documented for **cause/reasonable suspicion**
 - Post job-related accident or **injury**
 - Random**
- **Assure** that the collection of samples and testing **is** confidential, conducted **only** by certified laboratories **using** procedures that respect employees' dignity and privacy
- **Assure** confidentiality and respect **at all** levels, **and** in all phases, **of** the program
- Make **certain that** the employee **is** the first person to **know of a possible** positive test
- **Use** professional certified collections sites, laboratories **and** third **party** Medical Review Officers (MRO)
- Offer **employees** the option of additional verification **of** positive tests
- Ensure consistent action in response to positive **tests**; refusal of test treated **as** positive test **result and** employment **is** terminated
- Following **positive** test, refer **employees for** treatment that **includes after care, follow up,** monitoring and additional testing **periodically**
- Initiate **a** return to **work agreement/contract that** states that **continued employment is based** on negative tests and **participation** and satisfactory **completion of treatment program and after care**, along with on-going **monitoring and additional testing**
- Benchmark **and track** program effectiveness: **workers' compensation, number and severity of injuries and premiums; medical insurance, claims cost and premiums; absenteeism; employee** turnover, **and** tardiness

What Is The Cost Of Substance Abuse To Your Bottom Line?

While individual experience may differ, you can estimate the cost of substance abuse using this formula based on national statistics and local experience: An estimated 15% of employees are affected by their substance abuse. At best, an impaired employee operates at 67% of his/her norm. Health benefits paid to cover substance abuse related claims are 20% of total health care claims.

	Example A	Example 100	Your Company
A Number of full time employees	35	100	
B. Total Annual wage and benefit costs	\$750,000	\$2,150,000	
C, Total cost of health care claims paid	\$164,700	\$468,000	
D. Average wage/benefit cost per employee (B/A)	\$21,430	\$21,500	
E. Number of employees affected by substance abuse (15% of A)	5	15	
F, Lost employee productivity ($D \times E \times .33$)	\$35,360	\$106,425	
G. Total health care claims paid times 20% (20% of C)	\$32,940	\$93,600	
H. Annual substance abuse costs to your company (Minimum of F+G)	\$68,300	\$200,025	
1, Estimated cost of services to support a Drug Free Work Zone ¹ .	\$1,750	\$5,000	

¹Note: This estimate (line H) is a minimum and does not take into account the cost of theft or damage to employers' property due to accident/carelessness of impaired employees, employee absenteeism, or turnover due to substance abuse.

²This cost can be reduced by a 5% discount in workers' compensation premiums based on the program.

Contact (804) 788-5514 for help in implementing a Drug Free Work Zone, calculating the cost of the supporting services, and obtaining the discount.



Drug Free Work Zone Pre-Implementation Data Collection Form

	Previous _____ Fiscal _____ Calendar Year				
Task Number	Base Line Data Description	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
1.0	Turnover / Reasons for leaving				
1.2	Voluntary resignations				
1.3	Involuntary Terminations				
2.0	Absenteeism / Tardiness				
2.1	Number of tardinesses recorded				
2.2	Number of single day absences				
2.3	Number of two or more day absences				
2.4	Number of unexpected absences				
2.5	Number of "no report/call-in" absences				
3.0	Workers' compensation				
3.1	Number of reportable accidents				
3.2	Number of lost days				
3.3	\$ amount of claims				
3.4	\$ amount of premium paid				
4.0	Medical Insurance				
4.1	Number of claims				
4.2	Total \$ amount of employees' claims				
4.3	\$ amount of premium				
5.0	Vehicle Accidents				
5.1	Number of accidents				
5.2	Total \$ amount of claims				
5.3	\$ amount of premium paid				
6.0	Property Damage Reports				
6.1	Number of reports				
6.2	Total \$ amount of claims				
6.3	\$ amount of premium paid				
7.0	Other Performance Measures				
7.1	Production				
7.2	Sales				
7.3	Shrinkage				
7.4	Spoilage / waste				
7.5	Other				

Submit to: **Susie Witter, Human Resource Management Consultant**
Lane & Associates, P.C.
2839 Hathaway Road
Richmond, VA 23225
Telephone: 272-7421
Fax: 330-7004

DRUG FREE WORK ZONE

Drug Free Work Zone Post-Implementation Data Collection Form

		YTD _____	Fiscal _____	Calendar Year _____		
Task Number	Base Line Data Description	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	
1.0	Turnover / Reasons for leaving					
1.2	Voluntary resignations					
1.3	Involuntary Terminations					
2.0	Absenteeism / Tardiness					
2.1	Number of tardinesses recorded					
2.4	Number of unexpected absences					
2.5	Number of "no report/call-in" absences					
3.0	Workers' Compensation					
3.1	Number of reportable accidents					
3.2	Number of lost days					
3.3	\$ amount of claims					
4.0	Medical Insurance					
4.1	Number of claims					
4.2	Total \$ amount of employees' claims					
4.3	\$ amount of premium					
5.0	Vehicle Accidents					
5.1	Number of accidents					
5.2	Total \$ amount of claims					
5.3	\$ amount of premium paid					
6.0	Property Damage Reports					
6.1	Number of reports					
6.2	Total \$ amount of claims					
6.3	\$ amount of premium paid					
7.0	Other Performance Measures					
7.1	Production					
7.2	Sales					
7.3	Shrinkage					
7.4	Spoilage /waste					
7.5	Other _____					

Submit to: Susie Witter, Human Resource Management Consultant
 Lane & Associates, P.C.
 2839 Hathaway Road
 Richmond, VA 23225
 Phone: 272-7421
 Fax: 330-7004



Drug Free Work Zone (DFWZ) Honor Roll

The Greater Richmond Chamber of Commerce and the Retail Merchants Association of Greater Richmond are developing an honor roll of Richmond-area employers with policies and procedures that prohibit substance abuse at work and deter abuse of substances through drug testing and employee assistance.

The Chamber and Retail Merchants invite your organization to submit information to determine if designation as a Drug Free Work Zone, and inclusion in the Drug Free Work Zone Honor Roll, is appropriate. The Honor Roll will be published later this year.

Please answer the questions below and fax or mail this form to:

Susie Witter, Human Resource Management Consultant
Lane & Associates, P.C.
2839 Hathaway Road, Richmond, VA 23225
Phone: 272-7421 Fax: 330-7004

Check the policies and procedures applicable to your organization.

1. We conduct post offer/pre-employment applicant testing. ☐ Yes ☐ No

2. We test employees for drugs and/or alcohol. ☐ Yes ☐ No

Check all that apply: ☐ Random ☐ Post accident ☐ Reasonable suspicion ☐ Other _____

If you answered yes to questions #1 and #2, continue to question #3.

If you do not do drug testing, indicate whether you'd be interested in learning more about establishing drug testing for your organization by checking this box ☐ Yes.

3. We have a written policy outlining our testing procedures. ☐ Yes ☐ No

4. We use a SAMHSA certified laboratory to conduct substance screenings. ☐ Yes ☐ No

5. We use a third-party Medical Review Officer (MRO). ☐ Yes ☐ No

6. We refer an employee who tests positive for substances to an Employee Assistance Program on the first offense (i.e. give second chance). ☐ Yes ☐ No

Thank you again for your information and support. As a final step, please list your contact information below:

Company Name: _____

Person Completing Form: _____

Number of Employees: _____

Daytime Telephone #: _____

E-mail Address: _____



Drug Free Work Zone Honor Roll Criteria

- ✓ Post offered pre-employment applicant testing
- ✓ Testing employees for drugs and/or alcohol in the event of:
 - = Random Selection
 - Post Accident
 - Reasonable Suspicion
- ✓ Written policy that outlines policy and testing procedures
- ✓ Use a SAMHSA certified laboratory for substance screenings
- ✓ Third-party Medical Review Officer (MRO)
- ✓ Refer an employee who tests positive for substances to an Employee Assistance Program (EAP) for assessment and treatment on the first offense (Le., give second chance)
- ✓ Employee who tests positive returns to work when approved by the substance abuse professional



Richmond's DFWZ Honor Roll

The following **companies**, by meeting **the** necessary criteria, **are** recognized **by the** Greater **Richmond** Chamber of Commerce **as** promoting a **drug** free work environment. **These companies are:**

American Security Group

Bill Talley ford, Inc.

Capitol Oil Company

Colorfree, Inc.

Colony Managemenf Corporation

Commonwealth Cafholic Charities

Crenshaw Corporation

Dominion Place

DunMar Moving Systems

Envera LLC

Greater Richmond Chamber of Commerce

Heritage Chevrolet, inc.

Hungerford Oil Company

Kelieber Corporafion

Loveland Disfributhg Company

N.8. Goodwyn & Sons, Inc.

Rental Works'

Retail Merchants Association of Greater Richmond

Richmond Alarm Company

Richmond Braves

Richmond Goodwill

Sheey Ford

Schwanchild Jewelers

Sears Roebuck & Company

Southern Sfaies

Virginia Blood Service

West Broad Honda

Woodfm, Inc.

4



DRUG FREE WORK ZONE
-Together We Are Making It Work-

Confidential information to plan implementation **of** the Greater **Richmond** Chamber of Commerce/Retail Merchants Association of Greater Richmond **Drug Free Work Zone program:**

Organization name: _____

1. How many employees do you have on **payroll** at **this time**? _____
Full time _____ Part time _____
2. Many employees did you hire last year? _____
3. **How** many employees have you hired to date **this** year? _____
4. What do you estimate to **be** the average tenure **of** your employees?
_____ **years**
5. Do **you anticipate an** increase **in** hiring **in** the next **6-12 months**?
Check one: _____ **no** _____ **yes**; if yes, how many? _____
6. How many reportable employee accidents **did** employees of your organization have last year? _____; **thus far this** year? _____
7. What **is** the amount of your **workers'** compensation insurance **premium** for the current or most recent year? _____
8. If your organization **effects to** conduct reasonable **suspicion** testing, how **many tests would** you **expect** to request **based** on your **experience last year and thus far this** year? _____
9. If **your** organization elects to conduct random testing, what percent of employees would you **choose to test each** year? _____

General Comments:

Completed by: _____ **Date:** _____ **Telephone no. :** _____

Please fax your responses in confidence to Sandy Kjerulf, Human Resource Management Consultant, at (804) 741-3832.



DFWZ Implementation Check List

Meet with management group

- Identify policy and guideline provisions; CDL holders; determine **levels** of **testing**
- Establish amnesty period
- **Establish policy** effective date
- Identify primary contact person
 - individual to receive confidential test results
 - **back-up** for each
- Establish implementation timeline
- Develop initial **employee** communication
 - newsletter article
 - letter from CEO

Meet with contact person to:

- Define logistics for implementation
- Determine Workers' Compensation carrier criteria for premium **discount**
- Obtain locations of employees by zip code
- Review policy and guideline **provisions/define** alcohol positive test
- Coordinate legal counsel review
- Finalize implementation **schedule**
- Send out CEO/**announcement letter(s)**

Pre-employment preparation

- Prepare informational **statement/Employment** application to **be signed**
- **Posting** notice in employment **area(s)**
- **Prepare** statement for **ads**; advise recruiting sources

Set training schedules for. management team/supervisors/employees

- Communicate schedule

Meet with EAP representatives

- Set **communication/training/briefing** schedule

Meet with **Collection/Analysis/MRO** representatives

- Prepare **introductory letter(s)**
- **Identify requisite forms**
- Gather **kits**

Determine/collect benchmark criteria: last calendar **year/year** to date (YTD)

- Obtain base **line** data
 - **Turnover/reasons for** leaving/involuntary
 - **Absenteeism/tardiness**
 - Unexpected leave use
 - **Workers'** compensation/# of **reportable** accidents/**lost day/claims costs/premium**
 - **Medical** insurance/# of **claims/costs/premiums**
 - **Vehicle** accidents/**premiums**
 - Property damage **reports/claims**
 - Other productivity-related **measures**
- Set reporting system **and schedule**



PROPOSED LETTER TO SEND TO EMPLOYEES TO MODIFY AS NEEDED

Dear Employees:

(Organization name), in concert with the Greater **Richmond** Retail Merchants **Association** and the Richmond Chamber **of** Commerce, will be implementing a Drug Free Work Zone **policy** effective (date) **for** employees in **the Richmond** area. **We also** have secured the **services** of Pinnacle, Incorporated, **an** employee assistance **services** company, to implement **a supporting program at the same time.**

Being under the influence of a drug **or** alcohol on the job-poses serious **safety and health risks**, not **only** to the user, **but also to** all of those **who work** with the user. It also may affect the **quality of our service**. Persons **who abuse** substances need **help** and (organization name) wants to provide **time and** resources for employees to seek that help. **To** begin, there **will** be an amnesty period from now until (date), or the effective date **of** the program. The amnesty period will provide any employee who feels he/she might **have** a substance abuse problem or difficulty passing **a** drug and/or alcohol test time to confidentially seek help through the Pinnacle program. In addition, **we will** have training sessions presenting (organization name)'s new **drug** and alcohol testing policy and procedures

As the Drug Free Work Zone program **begins**, representatives of Pinnacle **will** meet **with** employees **to describe** their program. **We** understand **that problems** affecting employees' **work** performance **may** not be limited **to substance abuse**. These problems can also be financial, marital, stress, **ur family-related problems**. The Pinnacle services offer **help** with all these **issues**.

implementing **a drug** and alcohol testing policy **is a big step** for (organization name); it shows our commitment to **our** employees **as well as to greater** Richmond. If **we** can improve **the** safety of **our** work place, **the** quality of **our** **service, and our** employees' **heafth and** well-being, **we will be contributing not** only to the company, but **also** to our employees' families, **friends, and the** community.

If you have **any** questions or concerns about the upcoming **program**, please **do** not hesitate to make **an** appointment to talk with or **me**, Any meeting will be held in **strictest** confidence.

I look forward to working **with you** in making our company a **Drug Free Work Zone**.

Sincerely,

(Organization Name) To Become a Drug Free Work Zone

Modify copy to fit program

BACKGROUND

Although alcohol and drug abuse is infrequent among (organization name) employees, **abuse of** alcohol or **drugs** can have a **negative effect** on the integrity of the services/products (organization name) provides. Managers recognize that **alcohol and drug abuse can** hinder an employee's **ability to perform tasks safely and effectively**. As a **result**, (organization name) **will implement a Drug free Work Zone policy that includes an alcohol and drug testing program**. The effective date in the **Richmond** area is **expected to be (date)**. **Employees in other areas will** be notified of the effective date **of the program in** their location as soon as it is set.

The program **supports** the (organization name) goals **of**:

- quality service for customers
- a **safe** work environment for customers **and** employees

The alcohol and drug program will **aid** in maintaining **trust and** confidence. Studies **show** that **alcohol and drug abuse** increases the potential for substandard performance, **accidents**, absenteeism, shrinkage, and poor employee morale.

TRAINING PRIOR TO IMPLEMENTATION

Prior to implementation of the alcohol and drug testing **program, employees, supervisors, and managers will** participate in training about the program, including information **about** (organization name)'s:

- **alcohol and drug policy**
- amnesty period **for** declaring a substance **abuse** problem
- alcohol and drug testing requirements **and** procedures.

Employees will **also** learn about:

- symptoms **and** indicators **of alcohol and drug misuse**
- **when and** how to get **help** for **alcohol and drug abuse**.

WHEN WILL EMPLOYEES BE TESTED?

Applicants and employees will be **tested**:

- **prior to** employment or re-employment
- upon reasonable **suspicion of alcohol or drug use**
- **when an** on-the-job accident or job **injury results in** the employee **not being** able **to** work the **next** scheduled **work day or results in** **property damage**
- other identified special circumstance

AMNESTY PERIOD

During a (insert number) day amnesty period prior to implementation of the testing program, employees who have an alcohol or drug problem may inform their supervisor or the human resources director and receive help confidentially and without fear of disciplinary action.

Employees who develop a substance abuse problem after the amnesty period may also get help. In this case, help must be requested prior to being requested to take an alcohol or drug test.

Employees who come forward voluntarily will be referred confidentially to the Employee Assistance Program (EAP) that is being implemented at the same time. The EAP counselor will refer the employee to an alcohol or drug abuse professional for an evaluation when necessary.

WHAT HAPPENS WITH VIOLATIONS OR POSITIVE TESTS?

Employees who violate the alcohol or drug misuse rules and test positive may also be referred to the EAP and a substance abuse professional for evaluation.

The EAP counselor and substance abuse professional working together will determine if treatment or counseling is needed and when the employee may be tested in preparation for return to work.

The employee's supervisor will advise the employee of the disciplinary action to be taken.

A negative alcohol and/or drug test is required to return to work.

Employees who have tested positive for alcohol or drugs are subject to follow-up testing for (period) months. A second positive test generally will result in termination of employment.

HOW ARE THE TESTS CONDUCTED?

The alcohol and drug tests will be conducted confidentially with the utmost care and with multiple safeguards to protect employees from any testing errors.

Testing will be conducted by personnel with a testing specialization in a clinic or laboratory to assure employee privacy.

Testing will be by breath and urine analysis; needles are not required.

Positive tests will be confirmed and split sample testing for positive drug tests will be available.

If an alcohol test result is positive, the employee is notified and a second test is administered in 20 minutes. If the second test is positive, the employee is notified as is the designated organization representative.

If a drug test is positive, the employee is contacted by a Medical Review Officer (MRO), a physician with toxicology and substance abuse expertise independent of the testing laboratory and of the organization. After a discussion of the test result and discussion of any explanation between the employee and the MRO, the result of the test is reported to the employee and to the organization.

Negative test results are reported to the organization. Throughout the testing process, confidentiality is carefully maintained.

TESTING AND TEST RESULTS ARE CONFIDENTIAL

Test results are handled confidentially.

Only administrative and management staff who have a need to know are informed of results. Generally, this means their immediate supervisor and other managers in the organizational unit as necessary.

Test records and results are kept in a file separate from the personnel file and are not considered to be part of an employee's personnel file. However, individual employees may review their own record on request.

QUESTIONS

Employees are encouraged to talk to their supervisors, human resources director, or other members of management when they have questions about the alcohol and drug program.



NOTICE TO ALL EMPLOYEES AND APPLICANTS FOR EMPLOYMENT

(Organization name) **is a** Drug Free Work Zone and **is** committed to maintaining safe and efficient working conditions for employees and the **public**. Possession, use, sale, purchase, distribution, or being under the influence of drugs or alcohol during working hours, on Company property or business, or in Company vehicles **is** prohibited.

(Organization name) considers alcoholism and other chemical dependencies to be treatable illnesses. Employees are urged to seek **assistance** through its employee assistance program.

It **is** the policy of (organization name) to conduct pre-employment drug testing. Applicants testing positive or *refusing* to submit to a drug test **will** not **be** eligible for further consideration for one year.

Employees **will** be tested for drugs or alcohol when there **is** reasonable **suspicion** that an employee **is** in violation of this policy. Employees refusing **to** be tested will be removed from the workplace and will **be** subject to disciplinary action **up** to and including termination.

Post-accident drug and alcohol testing will **be** conducted when an employee is involved in an on-the-job-accident that results in filing a First Report of Accident or in property damage. Employees refusing to take a drug or alcohol test within the prescribed period of time will be subject to disciplinary action **up** to and including termination.

In the event that (organization name) requires an employee **to** enter a treatment program due to a positive **alcohol** or drug test, follow **up testing** and successful completion of the program will be required for **continued** employment.



APPLICANT ACKNOWLEDGEMENT STATEMENT OF DRUG FREE WORK ZONE POLICY

I acknowledge that (organization name) is a Drug Free Work Zone. Therefore, I understand that as a condition of my filing an application for employment, and as a condition of my continued employment with (organization name) should I be employed, I agree to submit to substance abuse testing pursuant to Company policy. The submission to substance abuse testing does not in any way waive any rights that I might have under the Americans with Disabilities Act or any other State or Federal law.

Signature

Date

5

TRAINING OBJECTIVES

- ▷ To provide information about Greater Richmond's **Drug Free Work Zone** program, and the model policy and guidelines, which are sponsored by the Greater Richmond Chamber **of** Commerce and the Retail Merchants Association of Greater Richmond

- ▢ To educate and train participants so that they, in **turn**, can take **the** Drug Free Work Zone program to their organizations

- n To provide information on alcohol and drugs and their effects on our community's businesses and our families

- n To provide information about resources for evaluation, referral and treatment



DRUG FREE WORK ZONE TRAINING PLAN

The Greater Richmond Chamber of Commerce and the Retail Merchants Association of Greater Richmond are working together to help to make Greater Richmond a Drug Free Work Zone (DWZ). As part of this effort, a train-the-trainer program is proposed so that pilot organizations have trainers who can implement drug prevention and testing policies and procedures within their operations.

Below is a trainer's instructional plan outlining a train-the-trainer program. It is anticipated that once participants complete the program, they will use these same materials to educate their managers and employees.

TRAINER'S INSTRUCTIONAL PLAN

Instructional Time: 2.0 hours (supervisors); 1.7 hours (employees)

Equipment Needed: Overhead Projector
Overhead Screen
VCR/TV Monitor

Supplies: Handouts
Attendance Roster
Course Evaluation
Grease Marker/Chalk
Flip Chart
Flip Chart Pad

- I. Introduction (20 minutes) [TRAINERS, EMPLOYEES, AND SUPERVISORS, UNLESS OTHERWISE NOTED.]
 - A. Icebreaker: Have participants introduce themselves identifying their position within the organization.
 8. Purpose of Training (Transparency)
 1. To educate and train supervisors and employees
 2. To provide information about the Drug Free Work Zone Program
 3. To provide information on drugs and alcohol
 4. To provide information about resources for evaluation, assistance, and treatment

3. To provide **guidance** on how to educate **and** train supervisors **and** employees on the implementation **of** the policy and procedures [TRAINERS AND SUPERVEORS]

Remind ~~all~~ participants to sign the **Attendance** Roster

B. Overview of Training Program (Transparency) [TRAINERS AND SUPERVISORS]

- I. Training divided **into** three major sections:
 - a. Educational Component
 - b. **Policy** Content
 - c. Resources for Evaluation/Treatment

2. Teaching Methods
 - a. Lecture
 - b. Video
 - c. Individual **Activities**
 - d. Small Group Work

C. Background - Applicable Current Policies (Transparency)

- I. Greater Richmond Chamber **of** Commerce's and Retail Merchants Association **of** Greater **Richmond's** goals to enhance public safety, quality of life, and economic objectives for the Greater Richmond **area**
2. Federal **Drug** Free Workplace Act **of** 1988
3. DOT **and** Federal Highway Administration **Regulations** for Commercial Driver's License (CDL) holders

D. Purpose of the **model Drug free Work Zone policy (Transparency)**

1. Trainer **will review** the purpose **of** the policy
2. Trainer **will** emphasize how the policy **exhorts** the organization to **assist employees who** have a drug/alcohol problem **in** obtaining **professional assistance**

E. Proposed date(s) for implementing the **Drug Free Work Zone policy (Transparency)**

F. Amnesty Period (Transparencies)

1. **Discuss** amnesty provisions prior **to** implementation **date**
2. **Discuss** amnesty provisions **after** implementation **date**

II. Educational Information (35 minutes) [TRAINERS, EMPLOYEES, AND SUPERVISORS, UNLESS OTHERWISE NOTED.]

A. Objectives

To provide information and experiential learning activities **about** the following **items**:

1. the extent **of** substance abuse in the **USA** and **the work place**
2. the impact of substance abuse **on** the family, the **work place, and society**
3. behaviors **and** performance indicators related to substance abuse
4. the characteristics **of** substances for which testing **will** be done
5. the effects **of** substance abuse on the individual **and** his/her work performance
6. talking with employees who have performance/behavior **issues** which may indicate substance **abuse**
7. reasonable suspicion and decision making; **and**
8. resources for evaluation **and** treatment of substance **abuse**

B. General Information **About Substance Abuse**

1. Introduce topic - Questionnaire **Activity**
 - a. **Pair** participants **as** learning partners
 - b. Distribute handout "Test **Your Substance Abuse** ¶"
 - c. **Allow** 3-5 minutes **for** learning partners to discuss **and** answer questions
 - d. **End** paired activity
2. Facilitator's Review of Questionnaire
3. Substance **Abuse** in United States and Work Place
 - a. Display transparencies

- b. **Distribute handouts to employees (optional)**
 - i. **Substance Abuse in the United States**
 - ii. **Drugs in the Workplace**
 - c. **Address key information, including points covered in previous questionnaire**
- C. DWFC Initiative
- D. GRCC/RMAGR Support [TRAINERS AND SUPERVISORS]
- E. **Video:**
 - 1. **View of videotape**
 - a. **Introduce video**
 - b. **Instruct participants to watch *for* effects of drugs and alcohol on individuals and their performance**
 - c. **Show video**
 - i. *Reasonable Suspicion* (recommended for supervisors); or
 - ii. *America in Jeopardy* (recommended for employees; can be used for supervisors)
 - 2. **Process video**
 - a. **Ask questions (See handout: "Participants Questions for Debriefing Video")**
 - b. **Solicit feelings**
 - ii. **Facilitator summarizes**
- F. **Behavior or Performance Indicators of Substance Abuse-The Troubled Employee**
 - 1. **Participants to work with their learning partners**
 - a. **Distribute handout to participants: "The Troubled Employee"**

- b. Learning **partners** to identify at least **five behaviors/** performance indicators *they* associate **with drug use/abuse**
 - c. **Allow 5 minutes**
 - d. End **activity**
 - 2. Facilitator's Summary
 - a. Using a **diagram** of participants' activity sheet, the facilitator will ask participants to **read** responses
 - b. Facilitator records responses **on a** blank transparency, flipchart, or board (optional)
 - c. Summarize **responses** to "Identifying the Troubled Employee"
 - i. Show transparency **of** completed "**The Troubled Employee**" (optional)
 - ii. Distribute handout of transparency **of** completed "**The Troubled Employee**" (optional)
- G. Substance Profile Information
 - 1. Review transparency **of** "Behaviors Typically Seen in Substance Abuser"
 - 2. Review Profiles of Substances using **six** transparencies of substances for which *testing is* done
- 111. Policy Content (25 minutes) [TRAINERS, EMPLOYEES AND SUPERVISORS, UNLESS OTHERWISE NOTED]
 - A. Objective (for **Trainer's** information) [TRAINERS]
 - 1. To **provide** participants information **about** the **model Drug Free Work Zone policy and procedures**
 - 2. **To** provide participants **the opportunity to ask questions** about **the** model Drug Free **Work Zone policy and procedures**
 - B. Trainer's **Aids** [TRAINERS]
 - 1. Trainer **will use Trainer's Notes**

2. Trainer **will** use **Transparencies**

C. Poky Content

1. Definitions
2. Responsible **Authorities**
3. Company Program **Administrator Responsibilities**

[TWO TRANSPARENCIES FOR TRAINERS AND SUPERVISORS; ONE
TRANSPARENCY FOR TRAINERS AND EMPLOYEES]

4. Supervisors' Responsibilities
5. Guidelines **for Alcohol** and Drug **Use**
 - a. Reporting **for duty**
 - b. Operating **a** vehicle/while on company grounds
 - c. Following an accident/prescription **drugs**
6. When are Employees **Tested?**
 - a. Job **Applicant**

B THROUGH E BELOW BASED ON ORGANIZATION'S POLICY

- b, Reasonable Suspicion
 - c. **Post-Accident Testing**
 - d. Random **Testing**
 - e. Follow-Up **Testing**
- 7, **When** are **Employees Tested** when they have a **CDL?**

USED WHEN ORGANIZATION EMPLOYS **CDL** HOLDERS

8. **Substances to be Screened**
9. Alcohol **Testing**
10. **Drug Testing**
11. Urine Sample
32. Payment/Compensation

13 THROUGH 23 BASED ON ORGANIZATION'S POLICY

13. **Post Accident Testing Requirements,**
 14. **Post Accident Testing Guidelines**
 15. **CDL Post Vehicle Accident Testing Guidelines**
 16. **CDL Post Vehicle Accident Testing Timeframes**
 17. **Random Alcohol and Drug Testing**
 18. **Duty to Notify Supervisors**
 19. **Reasonable Suspicion Testing**
 20. **Need for Reasonable Suspicion Testing** [TRAINERS AND SUPERVISORS]
 21. **Flowchart on Reasonable Suspicion Testing** [TRAINERS AND SUPERVISORS]
 22. **Reasonable Suspicion: Supervisor's Actions**
 23. **Reasonable Suspicion**
 24. **Flowchart on Drug Test Review/Verification**
 25. **Role of MRO**
 26. **MRO may Conclude Results insufficient** [TRAINERS AND SUPERVISORS]
 27. **Verified Positive Test Results**
 28. **Return to Work Testing After Positive Test**
 29. **Follow-Up Testing for Drugs**
 30. **Failure to Submit to Testing** [TRAINERS AND SUPERVISORS]
 31. **Employees Who Fail/Refuse Test**
 32. **Flowchart of Disciplinary Action on Positive Alcohol Test**
- 33 AND 34 IS FOR ORGANIZATIONS THAT EMPLOY CDL HOLDERS
33. **Flowchart on Disciplinary Action for Positive CDC Alcohol Test**

34. Flowchart on **Disciplinary Action for Positive CDL Alcohol Test Above .04**
35. flowchart on **Disciplinary Action for Positive Drug Test**
36. **Summary of Basis for Dismissal**
37. **Confidential Information**
38. **Records**

IV. Reasonable Suspicion Testing (25 Minutes) [TRAINERS AND SUPERVISORS ONLY]

A. Decision Making

1. Divide participants into **small groups of 4-6**
2. Give **script** of scenario *Now What Are You Going To Do?*
3. **Small** groups construct an action **chart** in response to a situation **where** there is reasonable **suspicion that an** employee's **behaviordperformance** is impaired by **drugs/alcohol**
4. **Small groups** share their **plans** with **large group**
5. Trainer will debrief group responses

B. When Supervisors Talk to Staff - Reasonable Suspicion

1. Simply distribute handout "When Supervisors **Talk to Staff**
 - a. **Review key points**
 - b. **or,**
2. **Activity - Options**
 - a. **Role Play - Actual supewisodemployee interaction based on scenarios in previous exercisekection**
 - b. **Recall supervisor's discussion in *Reasonable Suspicion* video; or**
 - c. **Create a list of do's/don'ts regarding supervisor's approach in talking with an employee under reasonable suspicion**

C. Review of Handout: "Drug/Alcohol Testing Request Form"

Resources for Evaluation/Treatment (10 minutes) [TRAINERS, EMPLOYEES AND SUPERVISORS, UNLESS OTHERWISE NOTED]

A. Sources and Services

1. **Assessment/referral**
2. **Introductory supervisory training**
3. **Employee orientation**
4. **24-hour, 7 day per week toll free number access**
5. **On-going supervisory consultation**
6. **Brochures, workshops, supervisory consultation**
7. **Referral to most effective resource**

B. Types of Problems

1. **Family/marital**
2. **Emotional/mental health**
3. **Legal and financial**
4. **Stress**
5. **Drug and alcohol abuse**
6. **Addictive behavior**

C. Referral Process [TRAINERS AND SUPERVISORS]

1. **Discuss (some information may be organization specific)**
2. **Tell them EAP provider will give more information on referral process**

D. Review Forms (see handouts) [TRAINERS AND SUPERVISORS]

1. **Confidential Form letters for Testing Results**
2. **Federal Drug Testing Custody and Control Form**
3. **Consent for Release of Confidential Information**
4. **Reasonable Suspicion Documentation Form**

5. Return to Work Agreement

VI. Conclusion (5 minutes)

- A. Question and Answer Period** [TRAINERS, EMPLOYEES ,AND SUPERVISORS]
- B. Course Evaluations** [EMPLOYEES AND SUPERVISORS]
- C. Remind all participants to sign the Attendance Roster documenting attendance and receipt of material** [EMPLOYEESAND SUPERVISORS]

DRUG FREE WORK ZONE POLICY OF (Organization name)

INTRODUCTION

(Organization name) is committed to maintaining safe, healthful, and efficient working conditions for its employees as well as other persons and organizations with whom it does business. Being under the influence of a drug or alcohol on the job poses serious safety and health risks not only to the user, but to all of those who work with the user. The unauthorized use or possession of, or trafficking in, drugs or alcohol also may pose unacceptable risks for safe, healthful, and efficient operations. (Organization name) is working to make the greater Richmond area a drug free work zone.

POLICY

It is the policy of this organization:

- 1. To conduct pre-employment drug testing, following a conditional offer of employment, for new hires and persons seeking reemployment (beginning ----). Such testing is designed to prevent hiring individuals who use illegal drugs or individuals whose use of legal drugs is inconsistent with effective and safe job performance.**
 - a, (Organization name) will not discriminate against applicants because of past drug abuse. However, the current illicit use or misuse of drugs is not tolerated.**
 - b. The company will use a refusal to submit to a drug test or a verified "positive" test result as a basis for not hiring.**
- 2. To maintain practices and procedures designed to deter the abuse of, and detect the presence of, drugs or alcohol in employees through:**
 - a. reasonable suspicion drug/alcohol testing**
 - b. post-accident drug/alcohol testing**
 - c. drug/alcohol testing for Commercial Drivers License (CDL) holders as required by US DOT regulations**
 - d. follow-up drug/alcohol testing for policy violators.**

3. To provide support and encourage the **use of an Employee Assistance Program (EAP)**.
4. To encourage and **assist** employees who may be abusing drugs or alcohol to seek and complete treatment **in a** recognized rehabilitation program.
5. **To discipline** employees, **up to and including discharge**, for use, sale, possession of, or **being** under the influence **of** alcohol on **company property**.
6. **To discipline employees, up to and including discharge**, for **trafficking in, selling**, or for **the unauthorized** use or possession of drugs; or for having **drugs in** their system while on company **property** or while **engaged in-company business**.
7. **To discipline, up to and including discharge**, employees **whose** conduct or job performance **is impaired**, unsafe, **or** unacceptable **due to** alcohol **or drug use**.
8. To encourage all employees to report **use**, possession, or being under the influence **of** alcohol on company property; and to report the trafficking in, **or** the **unauthorized use, possession, or** being under **the** influence of drugs **on** company property or **while** engaged in company **business**.
9. **To require** employees **to** report to management any incident where they are found guilty of an alcohol- **or** drug-related violation.
10. To require the responsible use of alcohol, **if present**, **at** company-sponsored **events**.

SCOPE

This policy applies to all employees of (Organization name).

GUIDELINES FOR IMPLEMENTING (Organization name) DRUG FREE WORK ZONE POLICY

PURPOSE

(Organization name) has established a drug and alcohol testing program in its efforts to maintain safe, healthful and efficient working conditions. Drug and alcohol testing: (1) helps prevent the hiring of applicants who illegally use drugs or controlled substances not used in accordance with medically acceptable prescriptions, (2) educates employees about substance use and abuse, (3) deters employees from abusing drugs or alcohol, and (4) provides the opportunity for early identification and referral to treatment for employees with drug or alcohol problems. These guidelines have been established to help implement (Organization name)'s Drug Free Work Zone Policy.

DEFINITIONS

Alcohol means ethyl alcohol (ethanol), intoxicants, or controlled substances. References to the use of alcohol include the use of a beverage, mixture, or preparation containing ethyl alcohol,

Alcohol Test means chemical, biological, or physical instrumental analysis for the purpose of determining the presence of alcohol in the body. A result of .02 or higher will be considered a positive test result for Commercial Driver's License holders (CDL) and will be considered a positive result for drivers of company assigned vehicles; for non-CDL holders and other employees, .08 is considered a positive test result.

CDL Holder refers to a Commercial Drivers License (CDL) holder. This is anyone who is required by law to possess a permit to operate a commercial motor vehicle including full time, regularly employed drivers; contract, casual, intermittent, or occasional drivers; or anyone who operates a commercial motor vehicle at the direction of, or with the consent of, (Organization name).

Chain-of-Custody refers to the procedures used to account for the integrity of a specimen by tracking its handling and storage from initial collection to final disposition.

Collection Site is the place where individuals present themselves for the purpose of providing a urine, breath, and/or other sample to be analyzed for the presence of drugs or alcohol.

Collector is a trained person who instructs and assists individuals at a collection site, and who receives and makes the initial examination of the specimen provided by those individuals.

Commercial Vehicle refers to any vehicle that meets one of the following criteria:

- ◆ **requires** the driver to hold a commercial driver's license when the vehicle is used to transport passengers or for commerce
- ◆ **has a gross weight** of 26,001 pounds or more
- ◆ **has a gross vehicle weight rating of 26,001** pounds or more
- ◆ **is designed** by the manufacturer to transport 16 passengers or more including the driver, or
- ◆ **is used** to transport materials that require a vehicle be placarded under the US Hazardous Materials Regulations

Confirmation Test is a second analytical procedure conducted on a urine specimen that was "positive" on the initial screening test. The confirmation method must be capable of providing requisite specificity, sensitivity, and quantitative accuracy. The most common and accepted method for drugs is gas chromatography-mass spectrometry.

Drug means illegal drugs, intoxicants, or controlled substances. As part of this program, specimens typically will be analyzed for the following controlled substances: marijuana, opiates, cocaine, amphetamines, and phencyclidine (PCP), barbiturates, benzodiazepines, propoxyphene, methadone, and methaqualone.

Drug Test means chemical, biological, or physical instrumental analysis administered for the purpose of determining the presence of a drug or its metabolite. This analysis will take place at a government-certified laboratory and conducted in accordance with the United States Department of Health and Human Services procedures.

Employee means any individual who performs services for compensation with (Name of Organization) and is covered by the Workers' Compensation Act.

Employee Assistance Program (EAP) means a program designed to help employees experiencing personal problems, including drug and alcohol abuse, by providing professional assessment, counseling, referral services, and follow-up monitoring.

initial Test (also called a “screening test”) means a sensitive, rapid, and reliable procedure to identify “negative” and presumptive “positive” **specimens**. It typically is an immunoassay procedure.

Job Applicant means a **person** who has **applied** for **employment** or **re-employment**. Pre-employment drug testing will be administered only to those **job** applicants who have been extended a **conditional offer** of employment (**conditional** on **passing** the drug test and other factors such as verifying employment history and **educational background**).

Medical Review Officer (MRO) means a **licensed physician** trained in the field of drug testing **who** provides medical **assessment** of “**positive**” test results, **requests** re-analysis if necessary, and **makes** a determination **whether** or not alcohol or **other** drug **abuse** has occurred.

Prescription Medication means a **drug** or medication lawfully **prescribed** by a **physician** for an individual and taken by the individual only in accordance with such prescription.

Qualified laboratories are those laboratories **certified** by the U.S. Department of Health and Human Services as meeting the **requirements** set forth in 49 CFR Part 40 for drug specimen analysis.

Reasonable suspicion testing is testing **that is** performed **when** information or behavioral evidence suggests that an individual is under the influence of alcohol or other drugs.

Return to Work Agreement means a requirement for employees **who** have violated the organization’s **substance abuse policy** to continue **employment** **subject** to the condition that no further **violation** of the policy will be tolerated. The employee **will** be subject to **follow-up** testing, and successful completion of **all** required counseling and treatment **is** mandatory. Failure to **comply** with **this** **agreement** normally will result in termination of **employment**.

Split sample is a portion of the **original sample** that is **set aside** and **secured** at the time of testing. The split sample **is** available, upon request, for analysis at a later date.

Substance abuse professional (SAP) is a **licensed physician**, **clinical psychologist**, or **clinical social worker** with knowledge and experience in **diagnosis** of alcohol and substance abuse problems or a **certified substance abuse counselor** as established in 49 CFR Part 40, of the **U.S. DOT** regulations.

Treatment means a **therapeutic residential**, **intensive outpatient** program, or **inpatient** program for employee with **drug-abuse** problems.

Verified "Positive" Result means a confirmed "positive" test **result by the drug-testing laboratory that also has been reviewed and certified as 'positive' by a Medical Review Officer (MRO) in accordance with the guidelines issued by the U.S. Department of Health and Human Services.**

ALCOHOL AT COMPANY-SPONSORED EVENTS

Company management may approve the moderate use of alcohol at company-sponsored events such as holiday parties. In this event, moderation and responsible use is required and a designated driver program is encouraged.

GUIDELINES

Drug testing will be conducted by approved laboratories using both initial and confirmation tests. Both tests must be "positive" (above government-established cutoff levels) before the laboratory will report the result to the Medical Review Officer (MRO) as a confirmed "positive" test. All laboratory "positive tests" results also will be reviewed by a MRO (and discussed with the employee or job applicant) prior to the release of any information to (Organization name).

Alcohol testing will be conducted using a breath device approved by the National Highway Traffic Safety Administration.

EMPLOYEE PROTECTIONS

The following employee protections will be incorporated to ensure the integrity and accuracy of the alcohol and drug testing program:

- 1. Drug tests will be conducted by a certified laboratory using the most accurate, reliable, and widely accepted testing methodologies,**
- 2. Chain-of-custody procedures will be used to account for the integrity of each specimen by tracking its handling and storage from point of collection to final disposition,**
- 3. Alcohol testing will be conducted by certified Breath Alcohol Technicians (BAT).**
- 4. All confirmed "positive" results will receive a professional medical review that includes offering the employee or job applicant the opportunity to provide a valid explanation for the test result or to have the split sample retested at a different certified drug testing laboratory at the employee's or job applicant's expense.**
- 5. Counseling, and, when necessary, (treatment) rehabilitation will be offered to employees who test positive for the first time, except where independent grounds for termination of employment exist.**

REASONS FOR TESTING

Alcohol and/or drug tests will be implemented for the following reasons:

1. Job Applicant Testing

- a. Job applicant testing is conducted to prevent the hiring or re-hiring of high-risk individuals who use drugs illegally.
- b. Applicants will be required to submit to a drug test after receiving a conditional offer of employment.
- c. A verified positive test will disqualify a job applicant from employment for one year from the date of the test result.
- d. (Organization name) will not discriminate against applicants because of past drug abuse. However, the current illicit use of drugs or abuse of controlled substances is not tolerated.
- e. Applicants denied employment for a "positive" drug test may reapply for employment with (Organization name) after one year.
- f. Passing a drug test is a condition of employment.

2. Reasonable Suspicion Testing

This type of testing will be based on a supervisor's(s)/manager's(s') observation of an employee's behavior that, in the absence of an appropriate medical explanation, appears out of the norm for that employee. The requirement for testing will be drawn from specific, objective facts and reasonable inferences drawn from these facts in light of experience. Among other things, such facts and inferences may be based upon:

- a. An employee showing signs of impairment such as difficulty in maintaining balance, slurred speech, or otherwise appearing unable to perform assigned work in a safe and satisfactory manner.
- b. Abnormal conduct or erratic behavior while at work, or a significant deterioration of work performance.
- c. Receipt of information that would reasonably suggest that testing is in order.
- d. Arrest or conviction for a drug- or alcohol-related offense, or the identification of an employee as the focus of a criminal investigation into unauthorized drug possession, use, or trafficking.

The Drug/Alcohol Test Request Form (Attachment A) must be used to document the rationale for the test. (See "Request for Testing Form" section in these guidelines.)

Reasonable suspicion testing may not occur until approval has been obtained from the (Organization President) or his/her designee. The drug/alcohol test should be administered as soon as possible when reasonable suspicion testing is required. In the case of reasonable suspicion testing, (Organization name) will provide transportation to and from the testing site.

3. **Post-accident Testing All Employees** (*Tailor this section to organization*)

Post-accident drug and alcohol testing will be conducted when an employee is involved in an on-the-job accident that may have involved human error, or otherwise engaged in unsafe job-related activities that pose a danger to him/herself or others. Post-accident testing normally will be initiated in the following circumstances:

- a. There was an accident that results in:
 1. An injury to an employee requiring filing of a workers' compensation First Report of Accident and off-site medical attention, or
 2. Property damage estimated to exceed \$500, or
 3. Time lost from work to that employee, or
 4. A fatality, or
- b. There was a violation of a safety rule or standard that exposes the employee, other employees, or the public to:
 1. Significant property damage, or
 2. Serious bodily injury, or
 3. Possible death.

No drug or alcohol specimen will be taken before the administration of necessary medical care. Unless exempted due to intensity of medical care required, all employees involved in the accident or safety rule violation will be tested as soon as practicable following the accident or incident.

Testing for evidence of alcohol and drug use will be as follows:

♦ **Alcohol Test:**

- a. An alcohol test must be conducted within two hours or as soon as possible, but not more than eight hours, after the injury occurred.
- b. If the test is not conducted within two hours, the reason must be documented.
- c. If the test is not conducted within eight hours, the reason must be further documented.
- d. Only medical personnel may take blood specimens for alcohol testing when the employee's injuries result in a hospital visit or death.

♦ **Drug Test**

- a. A drug test should be conducted within two hours of the injury.
- b. If the test is not conducted within 32 hours, the reason must be documented.

In all cases, alcohol and drug tests must be conducted unless the employee's injury will not permit testing or testing would interfere with medical treatment. In this case, the rationale for the failure to collect the specimens and conduct the tests must be documented.

4, Post Accident Testing - CDL Holders and Drivers of Company Vehicles

Post accident/incident alcohol and drug testing for CDL holders will take place when the accident/incident results in:

- a. a fatality
- b. an injury that requires treatment away from the accident scene and the driver is issued a citation for a moving traffic violation, or
- c. the need to tow a vehicle from the accident scene and the driver is issued a citation for a moving traffic violation.

Testing for evidence of alcohol and drug use will be as follows:

♦ **Alcohol Test:**

- a. An alcohol test must be conducted within two hours or as soon as possible, but not more than eight hours, after the injury occurred.
- b. If the test is not conducted within two hours, the reason must be documented.
- c. If the test is not conducted within eight hours, the reason must be further documented.
- d. Only medical personnel may take blood specimens for alcohol testing when the employee's injuries result in a hospital visit or death,

♦ **Drug Test**

- a. A drug test should be conducted within two hours of the injury.
- b. If the test is not conducted within 32 hours, the reason must be documented.

In all cases, alcohol and drug tests must be conducted unless the employee's injury will not permit testing or testing would interfere with medical treatment. In this case, the rationale for the failure to collect the specimens and conduct the tests must be documented.

5. **Follow-Up Testing**

All employees who enter a drug- or alcohol-abuse rehabilitation/treatment program through the EAP or a substance abuse professional (SAP), as a result of a positive result being identified through a drug or alcohol test, and who receive a "Return to Work" agreement (Attachment E1), will be subject to unannounced testing for a period of up to 60 months from the date of return to work for CDL holders. Unannounced testing will be for a period of 24 months drivers of company owned vehicles and for other employees,

If the EAP or SAP determines that the employee does not require inpatient or outpatient treatment, the employee still may be required to participate in follow-up testing.

Employees who fail a follow-up test will be terminated.

6. Random Testing

Random testing for of employees is conducted without individualized suspicion of a violation of (Organizationname)'s substance abuse policy. Selection is made by neutral criteria so that all employees have an equal opportunity of being tested each time the selection is made,

Random testing is conducted for CDL holders and drivers of company owned vehicles in concert with the US DOT regulations.

REQUEST FOR TESTING FORM

The form used to request reasonable suspicion or post-accident testing is the Drug/Alcohol Testing Request form (see Attachment A).

- 1, A request for testing can be initiated by any manager, supervisor, or safety representative, The concurrence of another manager/supervisor or a safety representative will be sought where feasible. In the case when concurrence of another individual is not feasible, the reason will be documented in writing within 24 hours of the test.
2. One of the two individuals signing this form must be the employee's supervisor.
- 3, It is preferable but not required for the second signer to have witnessed the incident.

ADMINISTERING THE TESTS

The collection of specimens for drug testing and alcohol testing will be scheduled and administered in the following manner:

1. The company will:
 - a, Inform the employee that he/she is going to be tested and the basis for the test.
 - b. Call the testing collection site and inform them that an employee is being brought in for testing, and
 - c, Provide transportation to and from the collection site in the case of reasonable suspicion or when it follows a work-related accident or injury post-accident testing.
 - d.. Non-exempt employees will be paid for time spent traveling to and from the collection site and for the time necessary to effectuate collection.

- e. Prohibit employee from returning to work in the **event of** a positive alcohol test or reasonable suspicion test until **notified of** a negative test **result**.

2 The employee (applicant) is required to:

- a. Present referral letter, signature, **and** photo identification to the collector (e.g., a **valid** driver's **license**) **and**
- b. Sign the laboratory consent **and** chain-of-custody **forms**,

DISCIPLINARY ACTIONS

The **section** below outlines **prospective** disciplinary actions to **be** taken under this **policy**,

1. Employee's Refusal

An **employee's** refusal to take any or all of the following actions when required is considered insubordination and **will result in** disciplinary action up to and including termination of employment:

- a- Take a drug or alcohol test **within** a prescribed period of time.
- b. **Appear** for testing.
- c. Accept and **follow** the EAP recommendations when required to **use** the **EAP** due to a "**positive**" alcohol **or** drug test **or violation** of a company rule pertaining to **drugs** or alcohol including aftercare **and** specified follow-up activities.
- d. Comply with **the** conditions of a "Return to Work" agreement.

2 First Verified "Positive" Test

No employee **will** be terminated **because of a first verified "positive" test, unless** other **circumstances surrounding the precipitating incident, unrelated to the "positive" test, warrant such an action-** Instead, **the employee will be required to submit to an EAP evaluation and, if determined necessary by the EAP or a substance abuse professional (SAP), receive a one-time opportunity to enter a treatment program.** These **employees are subject to discipline up to and including termination for independent reasons, including:**

- a **On entering a treatment program, the employee is required to satisfactorily complete the prescribed program,**

- b. The employee also ~~will be~~ **subject** to **follow-up drug and alcohol** testing for *60 months* for **CDL holders**, *24 months* for **drivers of company-owned vehicles**, and 24 months for other **employees** following the **date of the** "Return to Work" agreement, and
- c. Before returning to work, ~~the~~ **employee must pass** a drug **and/or** alcohol test, **as applicable**.

3. Second Verified "Positive" Test

Any employee who **has a** second verified **"positive"** drug or **alcohol test** **will** be terminated from employment.

4. Failure to Complete Treatment Program

An employee **who** was required to enter a treatment program **due to a** verified **"positive" drug or alcohol test**, **or** for violating a company **rule** associated **with** drugs or alcohol, and who fails to complete **all follow-up** counseling **and** testing or otherwise **violates** any term of the "Return to Work" agreement, will be terminated from employment.

CONFIDENTIALITY

All information received ~~by~~ the company through a **drug-** or alcohol-testing program **will** be confidential. Access to this information **will** be limited to **those** **who** have **a** legitimate need to know, including disclosure to:

- 1, The EAP manager or appropriate counselor,
- 2, **A supervisor** or official with authority to take appropriate personnel **action** **against** the employee,
- 3. **Any** person required **or permitted** by law or government regulation to **have access**, and
- 4. **Any person as directed** by a court **order** or as required by the company to **defend itself** against **a** challenge **to an adverse** employment action.

RECORDS OF ALCOHOL AND DRUG TESTS

(Organization name) will maintain **all test results in the individual employee's medical record, separate from the personnel file, in a secure location with** controlled access. Test records for **all employees will be maintained in** accordance with U.S. DOT regulations as follow:

- 3 **Positive test** results will **be** maintained for **at least** five years.

- 2 Negative test results **will be maintained for at least one year.**
- 3, Record of refusal to participate in an alcohol or drug test, when referred for testing, **will be maintained for at least five years.**

EDUCATION

As is deemed necessary, (Organization name) will provide on-going education to employees and supervisors about substance abuse and the organization's EAP program. Additionally, it will provide training to supervisors on substance abuse identification and employee referral to its EAP programs.

(ORGANIZATION NAME)
DRUG/ALCOHOL TESTING REQUEST FORM

This form is used to request drug and alcohol testing related to accidents, credible report related to substance abuse, or conviction. This form also is used to document observation of behavior that can prompt a request for reasonable suspicion testing. In the event the request is for reasonable suspicion testing, this observation should be made by two or more supervisors who have received the training. If necessary, one trained supervisor may document behavior.

Employee Name: _____	Social Security Number: _____
Department: _____	Supervisor(s): _____

DATE	TIME	SUPERVISOR	ACCIDENTS/CONVICTIONS/CREDIBLE REPORT
			ACCIDENTS
			Accident causing a fatality
			Accident causing an injury requiring off-site medical attention
			Accident causing significant property damage
			Unsafe activity or near-accident that could have caused possible death, injury, and/or property damage
			CONVICTION
			CREDIBLE REPORT RELATED TO SUBSTANCE ABUSE

DATE	TIME	OBSERVED BY	REASONABLE SUSPICION: PHYSICAL SIGNS OR CONDITION
			Odor of alcohol, glue, paint solvent
			Profuse sweating at inappropriate times
			Dilated pupils
			Blank stare
			Slurred speech
			Sleepiness (nodding)
			Unsteady or uncoordinated walk
			Sunglasses worn at inappropriate times
			Unusual effort to cover arms
			Changes in appearance after lunch or break
			MOOD
			Appears to be depressed or extremely anxious

DATE	TIME	OBSERVED BY	PHYSICAL SIGNS OR CONDITION
			Irritable
			Emotional unsteadiness (e.g., outbursts or crying)
			Mood changes (especially after lunch or break)
			ACTIONS
			Withdrawn or improperly talkative
			Poor perception of time and distance
			Argumentative/belligerent
			Displays violent behavior
			ABSENTEEISM
			Extensive absenteeism without medical documentation
			Frequent unapproved absences, later explained as emergencies
			Unexplained disappearance from the job with difficulty in locating employee
			Frequent requests to leave work without reason
			WORK PATTERNS
			Unable to perform usual and routine tasks
			High and low periods of productivity
			Poor judgement/more mistakes than usual and general carelessness
			Unable to reason and think at the employee's normal level
			Difficulty in recalling instructions
			Difficulty in remembering own business
			Using more time to complete work/missing deadlines
			Taking needless risks
			Disregard for safety of others
			Higher than average accident rate on the job
			Unusual reaction to real or imagined criticism
			Unusual avoidance and withdrawal from peers complaints from co-workers

Other observations and/or critical incident

Date:	Time:	Observed by:

Behavior observed:

Date:	Time:	Observed by:

Employee observed by:

Print Supervisor's Name: _____ **Title:** _____

Sign Name: _____ **Date:** _____

Print Supervisor's Name: _____ **Title:** _____

Sign Name: _____ **Date:** _____

If Supervisor No. 2 is unavailable, please explain:

- RETURN TO WORK AGREEMENT

BETWEEN _____ **and (ORGANIZATION NAME).**

I, _____, agree to the following conditions upon my continuing employment at _____

These conditions will apply for a period of 24 months (60 months if I am a CDL holder) or until I am no longer an employee of (ORGANIZATION NAME), whichever is least, beginning on _____ and ending on _____

- 1. If it should be determined that I am abusing any legal substance (includes controlled substances for which I have no valid prescription; narcotics for which I have a valid prescription but for which condition I am not currently being treated; and controlled substances for which I have a valid prescription, am currently being treated, but for which I am not in compliance with my physician's treatment plan), I will be immediately terminated,**
- 2. If it should be determined that I am using any illegal substances, I will be immediately terminated.**
- 3. I agree to cooperate in any random alcohol/drug tests requested of me. The results will be sent to the Medical Review Officer. If I have a verified positive test result, I will be terminated immediately from employment.**
- 4. I agree to follow the prescribed program of aftercare, as determined by the treatment program which I attend or the physician who is treating me. I will be responsible for providing documentation of attendance to the treatment program and/or proof of treatment if asked. If I do not comply, either in attendance and/or documentation, my employment will be terminated immediately.**

These four conditions have been read and agreed upon by:

Employee **Signature**

Date

Management **Signature**

Date

7



DRUG FREE WORK ZONE TESTING SERVICES PROVIDED BY TRIDENT NATIONAL

- I. Testing**
 - A. Preemployment/post offer drug testing**
 - B. Post accident and reasonable suspicion alcohol and drug testing**
 - C. Random alcohol and drug testing**
- II. Random Selection general per organization policy or US DOT requirements**
- III. Alcohol and Drug testing and specimen collection**
 - A. Locations identified to serve all employees**
 - B. Picture ID, employer referral letter, and Chain of Custody form**
 - C. Alcohol testing using DOT certified Breath Alcohol Test (BAT) method**
 - 1. Equipment operated by certified Breath Alcohol Technician**
 - 2. Confirmation test for positive test**
 - 3. Cutoff level determined by employer policy or DOT regulations when applicable**
 - 4. Notification of results**
 - D. Urine Specimen Collection Process**
 - 1. Bathroom is private**
 - 2. Record sample temperature**
 - 3. Sign Chain of Custody form and initial sealed specimen**
 - 4. Courier**
- IV. Lab testing for urine specimens**
 - A. Certified SAMHSA Laboratory**
 - B. Process**
 - 1. Screen test**
 - 2. Cutoff levels**
 - 3. Negative results**
 - 4. GC/MS confirmation of positives**
 - 5. MRU interview**
 - 6. Positive results**
- V. Recordkeeping and Reporting**

8

**Drug Free Work Zone Program Employee Assistance Services
provided by Pinnacle Employee Assistance Programs**

- Three (3) visit **Employee Assistance Program (EAP)**
assessment/referral/brief therapy model
- Introductory Supervisory **Training**
- Employee Orientation
- **24 hour**, 7days a week toll free 800 number
- Services available to family member/significant others in the household
 - a Ongoing supervisory consultation
- **Two (2)** annual workshops on **topics** of interest to the **company**
- Individual employee brochures and other related information
- Quarterly statistical reports on utilization

GENERAL SUMMARY OF CDL TESTING REQUIREMENTS

CDL Holder *refers to* a Commercial Drivers License (CDL) holder. This is anyone who is required by law to possess a permit to operate a commercial motor vehicle including full time, regularly employed drivers; contract, casual, intermittent, or occasional drivers; or anyone who operates a commercial motor vehicle at the direction of or with the consent of the organization.

Commercial Vehicle refers to any vehicle that meets one of the following criteria:

- ◆ requires the driver to hold a commercial driver's license when the vehicle is used to transport passengers or for commerce
- ◆ has a gross weight of 26,001 pounds or more
- ◆ has a gross vehicle weight rating of 26,001 pounds or more
- ◆ is designed by the manufacturer to transport 16 passengers or more including the driver, or
- ◆ is used to transport materials that require a vehicle be placarded under the US Hazardous Materials Regulations.

Post Accident Testing - CDL Employees

--Post accident/incident alcohol and drug testing for CDL holders will take place when the accident/incident results in:

- a. a fatality
- b. an injury that requires treatment away from the accident scene and the driver is issued a citation for a moving traffic violation, or
- c. the need to tow a vehicle from the accident scene and the driver is issued a citation for a moving traffic violation.

Testing for evidence of alcohol and drug use will be as follows:

- ◆ Alcohol Test:
 - a. An alcohol test must be conducted within two hours or as soon as possible, but not more than eight hours after the injury occurred,

5. If the test **is** not conducted within two **hours**, the **reason must** be documented.
- c, If the test **is** not conducted within eight hours, the **reason must** be further **documented**.
- d. Only medical personnel may **take** blood **specimens for** alcohol testing **when** the employee's injuries result **in a** hospital visit or death.

♦ DrugTest

- a. A drug test should be conducted within two hours **of** the injury.
- b. If the test **is** not conducted within 32 hours, the **reason must** be documented.

in all cases, alcohol and drug tests must be conducted unless the **employee's** injury will not permit testing or testing **would** interfere with medical treatment. **In** this case, the rationale for the **failure** to collect the specimens and conduct the tests must be documented,

Random Testing

Random testing **is** conducted without individualized **suspicion of a** violation **of** the organization's substance abuse policy. Random testing **is** conducted **in** concert **with the US** DOT regulations, although the percentage tested will not be **as high as** that set for CDL holders. Selection will be made by neutral criteria **so** that all employees eligible **for** testing have an equal opportunity of being tested each time the selection **is** made.

For CDL holders, the following random alcohol and **drug testing is** required:

1. alcohol **testing** will be conducted quarterly to total **10% of all** employees in **this** category **annually, and**
2. drug testing will **be** conducted quarterly **to** total 50% **of all** employees in this category **annually**.

First Verified "**Positive**" Test

No employee **will** be terminated **because of a** first **verified "positive"** test, **unless** other circumstances surrounding the **precipitating incident**, unrelated to the "positive" test, warrant **such an action**. **Instead, the employee will** be **required to** submit to an **Employee Assistance Program**

(EAP) Evaluation and, if determined necessary by the **EAP** or a substance abuse professional (**SAP**), receive a **onetime** opportunity to enter a treatment program. **These employees are subject to discipline up to and including termination for independent reasons, including:**

- a- **On entering a treatment program, the employee is required to satisfactorily complete the prescribed program,**
- b. **The employee also will be subject to follow-up drug and alcohol testing for five years following the date of the "Return to Work" agreement, and**
- c. **Before returning to work, the employee must pass a drug and/or alcohol test, as applicable.**

Second Verified "Positive" Test

Any employee who has a second **verified "positive"** drug or alcohol test will be terminated from employment.

Failure to Complete Rehabilitation Program

An employee who **was** required to enter a treatment program **due to a** verified "positive" drug or alcohol test, or for **violating a** company **rule associated with drugs or alcohol, and who fails to complete all follow-up** counseling **and** testing or otherwise violates any term **of** the "Return to Work" agreement, will **be** terminated from employment.

Positive Test for Alcohol

If results are between .02 and .039, there **is a** retest in 24 hours. **If, at that** time, the results **are .02 or less, the employee is returned to work.** Company **may** make a note **to file of the positive test in** order to further disciplinary action **later.**

If the results are .04 or higher, the employee is referred to a Substance Abuse Professional (SAP) for assessment/referral/treatment. The employee may return to work after a negative test and a release to return to work by the SAP.

The employee **is subject to a minimum of six follow-up tests in the first 12 months following return to work. Follow up and more frequent testing will continue for 60 months (5 years).**

A second positive test will result in termination of employment.

Positive Test for Drugs

The employee is referred to a **Substance Abuse Professional (SAP)** for assessment/referral/treatment. The employee may return to work after a **negative test and a release to return to work by the SAP,**

The employee is subject to a minimum of six follow-up tests in the first 12 months following return to work. Follow up and more frequent testing will continue for 60 months (5 years).

A second positive test will result in termination of employment.

lo



Confidential Form letter for Testing Request
(Please send with Commercial Driver's License (CDL) holder to testing facility.)

(ORGANIZATION NAME) [PUT ON (ORGANIZATION NAME) LETTERHEAD]

Date: _____
Names of Testing Site: _____
Street Address: _____
City, State, Zip: _____

Dear (contact person) _____

The following person is being referred to your facility for testing as required for CDL holders under the Federal Highway Administration's regulations for drug and alcohol testing, 49 CFR Parts 382, et.al. Please perform the test(s) marked below in accordance with Federal - Regulations, 49 CFR Part 40, including verifying the individual's identity by way of picture identification.

Employee/Applicant Name: _____
SSN or ID#: _____

To be tested for: ☐ Urine Drug Screen (SAMHSA 5 panel, tab Corp Test #707000)
 ☐ Breath Alcohol Test

Reason for test ☐ Pre-employment (drug only) ☐ Random
 ☐ Suspicion ☐ Post-accident
 ☐ Return to duty ☐ Follow-up

Please forward the employer COC (drug) copy to:

Company Program Administrator
(Organization Name)
Address
Richmond, VA 2322

Please forward SAT and urine screen results, the employer copy of test results, and billing to:

Dr. Peter Coleman
Trident National Corporation
3500 Grove Avenue
Richmond, Virginia 23221
(804) 354-0697 (800) 849-2264 Fax: (804) 849-2264
e-mail: tridentnational@mindspring

Thank you for your role in insuring that we meet these required Federal Regulations, and that the individuals we refer for testing are treated with dignity and respect.

Sincerely,

[Organization Name]

Confidential Form Letter for Testing Request
(Please send with employee to testing facility.)

(ORGANIZATION NAME) CORPORATION [PUT ON (ORGANIZATION NAME) LETTERHEAD]

Date: _____

Names of Testing Site: _____

Street Address: _____

City, State, Zip: _____

Dear (contact person) _____

The following person is being referred to your facility for testing as provided by (Organization Name) Corporation's policy and procedures, including verifying the individual's identity by way of picture identification.

Employee/Applicant Name: _____

SSN or ID#: _____

To be tested for: ☐ **Urine Drug Screen (SAMHSA 5 panel, tab Corp Test #707000)**
 ☐ **Breath Alcohol Test**

Reason for test: ☒ **Pre-employment (drug only)** ☒ **Post-accident**
 ☒ **Suspicion** ☒ **Follow-up**
 ☐ **Return to duty**

Please forward the employer COC (drug) copy to:

(Organization Program Administrator Name) (Organization Name)
President/CEO
(Organization Name) Corporation
P.O. Box 24217
Richmond, VA 23224

Please forward BAT and urine screen results, the employer copy of test results and billing to:

Dr. Peter Coleman
Trident National Corporation
3500 Grove Avenue
Richmond, Virginia 23221
(804) 354-0697 (800) 849-2264 Fax: (804) 849-2264
e-mail: tridentnational@mindspring

Thank you for your role in insuring that we meet these required federal Regulations and that the individuals we refer for testing are treated with dignity and respect.

Sincerely,

(Organization Program Administrator Name) (Organization Name)
President/CEO

CONFIDENTIAL

(Organization Name)

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Following a **positive** alcohol or drug test, it is the policy of (Organization name) **that all** matters relating to an individual's referral, assessment, **outcome**, attendance, non-attendance, or treatment **shall be confidential. At the same** time, in order to ensure that **the employee** testing **positive complies** with (Organization **name's**) policies, consent **for** the release **of** confidential information **from the** Employee Assistance **Program (EAP)** and/or substance **abuse** professional **is** required.

I, _____, hereby authorize _____
to disclose confidential information concerning my assessment and treatment **status** related to a positive alcohol or drug test to be released to (Organization) President. The information is **needed** to determine my status related **to** my employment.

I understand that **my** records are protected under the Federal Confidentiality Regulations (**41 C.F.R. Part 2**) **and** cannot **be disclosed** without my **written** consent, **unless otherwise provided for in the** Regulations. I also understand that **I may** revoke **this** consent **at any time**, except to **the** extent that action **has** been taken in reliance **on** it, **and** that **in any** event **this** consent **expires** automatically as described below.

I understand that **my** safe return to work **and my** continuing **to** work **will** be determined by a substance abuse professional and negative test **results**.

This consent **expires** 90 **days** from the date **shown below**, Additional consent **forms** may be required through the earlier **of** two events: **1) the end of 60 months for CDL holders, or 24 months for non CDL holders, from the date I returned to work following a positive test or 2) the end of my employment with this organization.**

Executed this _____ date of _____, 20____

Signature of Participant

The Matrix Model – Treatment Modality

The Matrix Model provides a framework for engaging stimulant abusers in treatment and helping them achieve abstinence. Patients learn about issues critical to addiction and relapse, receive direction and support from a trained therapist, become familiar with self-help programs, **and are** monitored **for** drug use by urine testing. The program includes education **for** family members affected **by** the addiction,

The therapist functions simultaneously as teacher and coach, fostering a positive, encouraging relationship with the patient and **using** that relationship to reinforce positive behavior change. The interaction between the therapist and the patient is realistic and direct but not confrontational or parental. Therapists are trained to conduct treatment sessions in a way that promotes the patient's self-esteem, dignity, and self-worth. A positive relationship between patient and therapist **is** a critical element for patient retention.

Treatment materials draw heavily on other tested treatment approaches. Thus, this approach includes elements pertaining to the **areas** of relapse prevention, family and group therapies, drug education, and self-help participation. Detailed treatment manuals contain work sheets **for** individual sessions; other components include family educational **groups**, early recovery skills groups, relapse prevention groups, conjoint sessions, urine tests, 12-step programs, relapse analysis, and social support groups.

A number of projects have demonstrated that participants treated with the Matrix model demonstrate statistically significant reductions in drug and alcohol use, improvements in psychological indicators, and reduced risky sexual behaviors **associated** with HIV transmission. These reports, along with evidence suggesting comparable treatment response **for** methamphetamine users and cocaine users and demonstrated efficacy in enhancing naltrexone treatment of opiate addicts, provide a body of empirical **support** for the use of the model.

References: Huber, A.; Ling, W.; Shoptaw, S.; Gulati, V.; Brethen, P.; and Rawson, R. **Integrating** treatments for methamphetamine abuse: A psychosocial perspective. *Journal of Addictive Diseases* 16: 41-50, 1997.

Rawson, R.; Shoptaw, S.; Obert, J.L.; McCann, M.; Hasson, A.; Marinelli-Casey, P.; Brethen, P.; and Ling, W. **An intensive outpatient approach for** cocaine abuse: The Matrix model. *Journal of Substance Abuse Treatment* 12(2): 117-127, 1995



THE BRAIN ON METH

Using brain-imaging techniques, scientists have discovered that the brains of former chronic **users** show a significant decrease in the number of dopamine transporters, a crucial component of a functional dopamine system. The most recent development **comes** from Volkow who, along with Dr. Linda Chang, collected the first data on what this decline in dopamine transporters means. They performed brain scans on 15 detoxified, former meth users and found a 24-percent loss in the normal number of dopamine transporters. This **loss** of transporters **was** linked to slowness in motor skills and poorer performance on verbal and memory tasks. “We found the subjects with the most profound changes in the transporters were the ones with the most functional disturbances,” said Volkow, whose research **will** be published in the **American Journal of Psychiatry** in March, “This is the first time anybody has reported that these neuron losses are functionally significant. It’s not just that you lose brain cells and you **keep** living happily ever after; it translates into a disruption in your performance.”

Volkow noted that the same association has been reported in Parkinson’s disease patients, although they experience a more drastic loss of transporters. “We need to look more **at** how and why it’s having these long-term effects and whether in fact they are permanent,” said Timothy Condon, associate director **for** science policy **at** the National Institute on Drug Abuse (NIDA). “**As** we unravel more about what functional changes are a result of those brain changes, they will impact how you go about treating someone.” Douglas Anglin, director of the **UCLA Drug Abuse Research Center** **and** co-principal investigator of the Methamphetamine Treatment Project, a group that studies addiction therapies, **said**: “This takes **us** beyond the model **of** drug treatment to one of brain damage.” But Dr. David Smith, founder and president of **the** Haight Ashbury Free Clinics in San Francisco, wants **to** draw attention away from methamphetamine’s neurological impact. “Focusing on the brain damage caused by meth is counterproductive to recovery. **It** makes **people** pessimistic about whether their brains are going to heal. In treatment, we offer a message of hope, and we have had many meth users who have achieved full recovery.”

BEHAVIORAL TREATMENT

Meth addiction gained a reputation **as** being untreatable when the drug began to spread into small communities in the Midwest. “These rural areas had not been very affected by cocaine or heroin so when they had to start dealing with meth users they had no **idea** what to do with them,” said Richard Rawson, executive director of the Matrix Institute, a non-profit addiction research organization in Los Angeles, **and** co-principal investigator at the Methamphetamine Treatment Project along with Anglin. “Patients **were** coming **in** psychotic, so **you** started hearing these horror stories that **meth was** untreatable. For

that meth was untreatable. For those of us who've been dealing with heroin and crack users, it was more manageable."

Though not impossible, meth addiction is a difficult disorder to treat, according to Anglin. "There's not **severe** physical withdrawal with methamphetamine, but rather a feeling of anhedonia, an inability to experience pleasure, that can last for **months** and which leads to a lot of relapse at **six** months," he said. The anhedonia appears to correspond with the period when the brain is recovering and producing abnormally **low** levels of dopamine.

"When you think of treatment of drugs like methamphetamine, you have to think of it like fixing a broken **leg** — treatment provides a structure to allow their brain chemistry to return to normal. Their brain is out of tune, it's not working very **well**, and **it** takes a while to recover," Rawson said. Unlike heroin **addicts**, who can be weaned off the substance with methadone, there **are** no pharmacological treatments for meth. The only currently available treatment is behavioral therapy.

The **Matrix model**, a method of outpatient cognitive-behavioral therapy backed **by** the Center for Substance Abuse Treatment (**CSAT**), a division of the **federal** Substance Abuse and Mental Health Services Administration, **is** the only program with evidence of effectiveness for methamphetamine addiction.

The model, which **was** first developed in the 1980s as a cocaine treatment under a NIDA grant, serves **as** the primary treatment protocol for a network of clinics in Southern California.

The basic elements of the four- to six-month approach (a two-month approach is **also** being developed) consist **of** a minimum of three **group** or individual therapy sessions **per** week, where patients are coached through their recovery. They are taught about their addiction and trained to manage cravings **and** avoid risky activities, like drinking alcohol that **could** trigger relapse. **The** method also uses family therapy, urine testing and 12-step activities. "**We have** data from treating **several** thousand patients [with the **Matrix model**]," Rawson said. "Treatment of meth addiction **appears** approximately equal to cocaine treatment. Treatment is **about** 50 percent to 60 percent **drug-free** at **the** end of one year." That's **superior** to recovery after behavioral therapy for heroin addiction (without the use **of** methadone), **but** not **as** good **as** recovery from alcoholism, according to Rawson. No nationwide statistics **on** the overall effectiveness of treatment for meth addiction exist, **but as** the **Matrix** model is a particularly **vigorous**, well-studied approach, it's likely this success rate is higher than average, Rawson noted. The model is

randomized **study is** being conducted by the Methamphetamine Treatment Project, an organization funded by CSAT in an effort **to** identify the most effective treatment strategies for meth addiction. **CSAT will** use the results to issue its national treatment guidelines.

The other treatment approaches being evaluated vary in length (from one month **to** six months), intensity (from one hour per week to 13), population (two are for women only, and racial makeup varies across centers) and **emphasis. All** of the programs are based on the underlying assumption that addiction is a chronic disease. Some emphasize life skills such as assertiveness; others focus on spirituality; others on family support. Some are strictly regimented programs; *others* are more flexible **to** a patient's individual needs.

Though the large clinical trial is not evaluating any inpatient treatments, some methamphetamine users do enter 28-day residential **programs focused** on detoxification and self-help strategies. Originally developed **for** the treatment of alcoholism in the 1980s, these programs have become a catchall **for** abusers of various substances. Additionally, other, more long-term residential programs (usually about six months) designed primarily for heroin users referred **by** the criminal justice system are now being used by meth addicts. **CSAT** cites **a** lack of empirical evidence for these programs **for** stimulant users; however, some experts cite supporting clinical experiences with short-term and long-term residential programs for certain subsets of meth abusers.

Nebraska HIDTA & Diversion Services

present the MATRIX treatment model

The Matrix Model

The Matrix Model for substance abuse disorders is a treatment model specifically designed for individuals suffering from Methamphetamine and Cocaine addictions.

The Matrix treatment model and clinical content were designed as a result of behavioral analyses of the problems encountered by more than 3,500 cocaine abusers and 1,000 methamphetamine abusers attempting to maintain abstinence. The model draws heavily upon published material on relapse prevention, family and group therapy, drug education and drug testing. The Matrix Center currently is involved in four federal research projects involving methamphetamine.

This training is designed for treatment agencies and organizations that are expressly interested in implementing the Matrix Treatment Model. It includes the initial three day program and (2) follow-up sessions.

CEU's have been applied for with the Department of Health & Human Services, Division of Alcoholism, Drug Abuse and Addiction Services.

Matrix Treatment Model training provides an excellent introduction, description, demonstration, and implementation plan for the use of the manualized Matrix outpatient protocol for the treatment of stimulant abuse disorders

Matrix Goals

The goals of the Matrix model are to provide a framework for cocaine and methamphetamine abusers so that they:

- (a)** cease drug use
- (b)** remain in treatment for 12 months
- (c)** learn about critical issues of addiction and relapse
- (d)** receive direction and support from a trained therapist
- (e)** receive education for affected family members
- (f)** become familiar with self-help programs
- (g)** receive monitoring by urine testing



Treatment Components of the Matrix Model

Phase I (1- 6 months)

Week 1-2

- Family Education Group
- Stabilization Group
- Individual/Conjoint Session
- Alcohol and Drug Testing
- 12-Step Meeting Onsite

Weeks 3-16

- Relapse Prevention Group
- Family Education Group
- Relapse Prevention Group
- Individual/Conjoint Session
- **Alcohol** and Drug Testing
- Twelve Step Meeting Onsite

Weeks 17-26

- Relapse Prevention Group
- Social **Support** Group
- **Relapse** Prevention Group
- Individual Session

Phase II (7 - 12 months)

- Support Group
- Drug **and** Alcohol Testing
- Twelve Step Activities

**MATRIX MODEL
OF
OUTPATIENT CHEMICAL
DEPENDENCY TREATMENT**

*Matrix Center, Inc.
Matrix Institute On Addictions
UCLA Alcoholism and Addiction Medicine Service*

**Matrix Model of
Outpatient Treatment**

Organizing Principles of Matrix Treatment

- Create explicit structure and expectations
- Establish positive, collaborative relationship with patient
- Teach information and cognitive-behavioral concepts
- Positively reinforce positive behavior change

**Matrix Model of
Outpatient Treatment**

*Organizing Principles of Matrix Treatment
(cont.)*

- Provide corrective feedback when necessary
- Educate family regarding stimulant abuse recovery
- Introduce and encourage self-help participation
- Use urinalysis to monitor drug use

**MATRIX TREATMENT MODEL
*Different from General Therapy***

1. Focus on behavior vs. feelings
2. Visit frequency results in strong transference
3. Transference is encouraged
4. Transference is utilized
5. Goal is stability (vs. comfort)

**MATRIX TREATMENT MODEL
*Different from General Therapy***

6. Focus is abstinence
7. Bottom-line is always continued abstinence
8. Therapist frequently pursues less motivated clients
9. The behavior is more important than the reason behind it

**MATRIX TREATMENT MODEL
*Different from General Therapy***

10. Family system support is encouraged
11. Therapist functions in coach/advocate role
12. More directive
13. Therapeutic team approach is utilized

MATRIX TREATMENT MODEL *Different from Inpatient Programs*

1. Less confrontational
2. Progresses slower
3. Focus is on present
4. "Core issues" not immediately addressed
5. Allegiance is to therapist (vs. group)

MATRIX TREATMENT MODEL *Different from Inpatient Programs*

6. Non-judgmental attitude is basis of client-therapist bond
7. Change recommendations based on scientific data
8. Changes incorporated immediately into lifestyle

Outpatient Recovery Issues *Structure - Ways to Create*

- Time scheduling
- Attending 12-step meetings
- Going to treatment
- Exercising
- Attending school
- Going to work
- Performing athletic activities
- Attending church

Outpatient Recovery Issues *Information - What*

- | | |
|---------------------------------|-----------------------------|
| - Substance abuse and the brain | - Sex and recovery |
| - Triggers and cravings | - Relapse prevention issues |
| - Stages of recovery | - Emotional readjustment |
| - Relationships and recovery | - Medical effects |
| | - Alcohol/marijuana |

Outpatient Recovery Issues *Stimulant Craving Response Sequence*

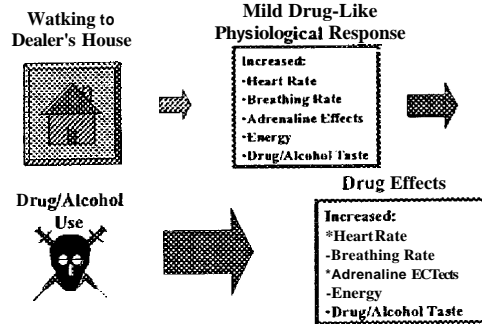
Trigger → Thought → Craving → Use

Phases of Addiction and Stages of Recovery

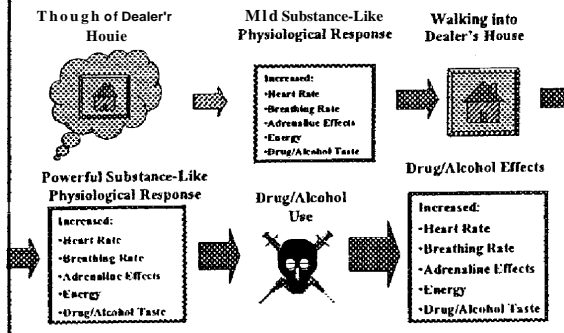
Development Of Craving Response INTRODUCTORY PHASE



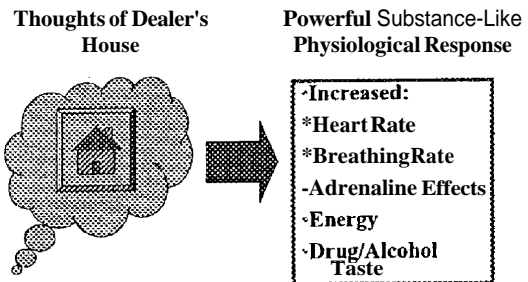
Development Of Craving Response MAINTENANCE PHASE



Development of Craving Response DISENCHANTMENT PHASE



Development of Craving Response DISASTER PHASE



Outpatient Recovery Issues Relapse Factors - Withdrawal Stage

- Unstructured time
- Proximity of triggers
- Secondary alcohol or other drug use
- Powerful cravings
- Paranoia
- Depression
- Disordered sleep patterns

Outpatient Recovery Issues Relapse Factors - Honeymoon Stage

- Overconfidence
- Secondary alcohol or other drug use
- Discontinuation of structure
- Resistance to behavior change
- Return to addict lifestyle
- Inability to prioritize
- Periodic paranoia

Outpatient Recovery Issues *Relapse Factors - The Wall Stage*

- Increased emotionality
- Interpersonal conflict
- Relapse justification
- Antisocial/loss of motivation
- Resistance to exercise
- Insomnia/low energy/fatigue
- Dissolution of structure
- Behavioral drift
- Secondary alcohol or other drug use
- Paranoia

Outpatient Recovery Issues *Relapse Factors - Adjustment Stage*

- Secondary alcohol or other drug use
- Relaxation of structure
- Struggle over acceptance of addiction
- Maintenance of recovery momentum/commitment
- Six-month syndrome
- Re-emergence of underlying pathology

Matrix Intensive Outpatient Program (4 Months)

INTENSIVE OUTPATIENT PROGRAM SCHEDULE

Week	Monday 8-2 pm Relapse Prevention Through 4	Tuesday 8-2 pm Relapse Prevention Through 4	Wednesday 7-10 pm Relapse Prevention Through 4	Thursday 7-10 pm Relapse Prevention Through 4	Friday 7-10 pm Relapse Prevention Through 4	Saturday 8-12 pm Relapse Prevention Through 4	Sunday 8-12 pm Relapse Prevention Through 4
Week 1 Through 16	8-2 pm Relapse Prevention Group	8-2 pm Relapse Prevention Group	8-2 pm Relapse Prevention Group	8-2 pm Relapse Prevention Group	8-2 pm Relapse Prevention Group	8-2 pm Relapse Prevention Group	8-2 pm Relapse Prevention Group
Week 17 Through 32	8-2 pm Relapse Prevention Group	8-2 pm Relapse Prevention Group	8-2 pm Relapse Prevention Group	8-2 pm Relapse Prevention Group	8-2 pm Relapse Prevention Group	8-2 pm Relapse Prevention Group	8-2 pm Relapse Prevention Group

Some evening sessions will be held on Wednesdays and Fridays.



SICA/CSAP/SAMHSA Support

State Incentive Cooperative Agreement (SICA), with the Center for Substance Abuse Prevention (CSAP?) and the Substance Abuse and Mental Health Services Administration (SAMHSA) have a overarching mission to: *Develop and implement a comprehensive statewide substance abuse strategy to identify, coordinate, leverage, and/or redirect prevention funding streams and resources to fill identified gaps in prevention services in order to reduce alcohol, tobacco and other drug use by 12-17 year old youth.*

Incorporating the U.S. Attorney's Offices within the framework of these programs would be simple to do and has the following benefits:

- Every state has a similar plan and opportunities to compete for federal funding.
- These programs provide the infrastructure to make change and to collect data
- These programs create a collaborative network including state, local and federal entities
- Community coalitions are a part of the infrastructure
- School system are an integral part of all plans
- These programs cover issues relevant to rural and urban settings
- In Nebraska there is a "Prevention Network for Methamphetamine Education and Awareness" driven by the SICA grant. Included in the model are the Midwest HIDTA, local police, state police, sheriff's departments, social services, drug courts, treatment providers, libraries, schools and community organizations.